FINANCE COMMITTEE MEETING
WEDNESDAY, OCTOBER 1, 2025
4:00pm to 6:00pm

Conference Center Located at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Ronna Jojola Gonsalves, Clerk of the Board
(510) 535-7515

LOCATION:
Open Session: HCP Conference Center, see above address
Teleconference Location: 4501 Pleasanton Avenue, Pleasanton, CA 94566

Members of the public may also participate at the following ZOOM Meeting Link:[1]
https://alamedahealthsystem.zoom.us/j/9361457125?pwd=4JnAmhDnBaLqY4GWf4PQBwp3w0Puy2.1&omn=82546556853
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FINANCE COMMITTEE MEMBERS
Alan E. Fox, Chair
Greg Garrett
David Sayen
Sblend A. Sblendorio

[1] Log into the meeting at www.zoom.com. You will be directed to download the meeting app (free) if you have not used ZOOM previously. ZOOM meetings may be accessed on computers and portable devices.

NOTE: In the event that a quorum of the Board of Trustees participates on this Committee, the meeting is noticed as a Special Meeting of the Board of Trustees; however, no final Board of Trustees action can be taken.

FINANCE COMMITTEE REGULAR MEETING AGENDA

SPECIAL NOTE: Per Brown Act requirements, Trustees of the Alameda Health System will attend board and committee meetings in person at the location(s) noticed on this agenda. Staff and members of the public may attend either in person at the location noticed on this agenda, or remotely via Zoom, using the link included on this agenda.

Public Comment Instructions
If you attend the meeting in person and wish to address the Board or Committee regarding an item on the agenda or in their purview, please see the Clerk of the Board.

If you attend the meeting remotely and wish to address the Board of Trustees or Committee regarding an item on the agenda or in their purview, send an email to cob@alamedahealthsystem.org PRIOR TO THE START OF THE MEETING. Your comment will be heard at the appropriate time. During the meeting, public comment requests may be submitted to the ZOOM meeting host or the Clerk of the Board, but requests must be submitted prior to the beginning of the public speaker time for that item.

Each speaker, whether in person or remote, will be allotted between one and three minutes to speak, depending on the number of speakers present.

OPEN SESSION / ROLL CALL

PUBLIC COMMENT

A. ACTION: Approval of the Minutes of the September 3, 2025 Finance Committee Meeting

B. INFORMATION / DISCUSSION

B1. Chief Financial Officer Report
Kimberly Miranda, Chief Financial Officer
B1a. AHS August 2025 Financial Report
B1b. St. Rose June 2025 Financial Report

C. ACTION / DICUSSION

C1. DISCUSSION: Alameda Hospital Seismic Planning Budget Update
Kimberly Miranda, Chief Financial Officer

D. ACTION / DICUSSION: Contracts

D1. New agreement between Hayward Sisters Hospital doing business as St. Rose Hospital and Nelson T. Lewis Construction Co., Inc. for catheterization lab upgrade. The term of this agreement is effective October 15, 2025 through June 15, 2026. The estimated impact of this agreement is $3,197,080.
Mario Harding, Chief Administrative Officer

D2. New agreement with ePlus Technology Inc. for provision of data loss protection services. The term of this agreement is effective date last signed for a 3-year term. The estimated impact of this agreement is $1,800,000.
Christine Yang, Chief Information Officer

D3. Renewal agreement with Switch, Ltd. for provision of data center services. The term of this agreement is effective February 16, 2026 through February 15, 2031. The estimated impact of this agreement is $1,509,294.
Christine Yang, Chief Information Officer

D4. New agreement with Lescure Company, Inc. for architectural and structural work for the Alameda Hospital HVAC replacement project. The term of this agreement is effective November 1, 2025 through March 31, 2027. The estimated impact of this agreement is $1,668,200.
Mark Fratzke, Chief Operating Officer

D5. New agreement with Matrix HG, Inc. for installation of COVID prevention HVAC upgrades at John George Psychiatric Hospital. The term of this agreement is effective November 1, 2025 through October 31, 2026. The estimated impact of this agreement is $1,214,436.
Mark Fratzke, Chief Operating Officer

E. DISCUSSION: Committee Planning, Issues Tracking

TRUSTEE COMMENTS

ADJOURNMENT

Our Mission
Caring, Healing, Teaching, Serving All

Strategic Vision
AHS will be recognized as a world-class patient and family centered system of care that promotes wellness, eliminates disparities and optimizes the health of our diverse communities.

Values
Compassion, Commitment, Teamwork, Excellence, Integrity, and Respect.

Meeting Procedures

All items appearing on the agenda are subject to action by the Board of Trustees. Staff recommendations are subject to action and change by the Board of Trustees.

The Board of Trustees is the Policy Body of the Alameda Health System. The Board has several standing Committees where Board matters are the subject of discussion at which members of the public are urged to testify. Board procedures do not permit: 1) persons in the audience at a Committee meeting to vocally express support or opposition to statements by Board Members or by other persons testifying; 2) ringing and use of cell phones, pagers, and similar sound-producing electronic devices; 3) signs to be brought into the meeting or displayed in the room; 4) standing in the meeting room. Citizens are encouraged to testify at Committee meetings and to write letters to the Clerk of the Board or to its members, 1411 East 31st Street Oakland, CA 94602.

Members of the public are advised that all Board and Committee proceedings are recorded (audio), including comments and statements by the public in the course of the meetings. Copies of the audio recordings will be made available to the public. Copies of the agendas and supporting documents can be found here: http://www.alamedahealthsystem.org/meeting-agendas-and-minutes/. By attending and participating in Board/Committee meetings, members of the public consent to audio recording of any statements they may make during the proceedings.

Disability Access

The Meeting Rooms are wheelchair accessible. Assistive listening devices are available upon request at the Clerk of the Board's Office. To request accommodation or assistance to participate in the meeting, please contact the Clerk of the Board. Requests made at least 48 hours in advance of the meeting will help to ensure availability.

In order to accommodate persons with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to perfumes and various other chemical-based scented products. Please help us to accommodate these individuals.

The AHS Board of Trustees is committed to protecting the private health information (PHI) of our patients. We ask that speakers refrain from disclosing or discussing the PHI of others. Please also know that, should you decide to disclose your PHI, the Trustees will still likely refer your matter, to the extent it involves PHI, to the executive staff for a confidential review of the facts and for confidential handling. If you would like more information regarding the confidentiality of PHI as it relates to the Health Insurance Privacy and Accountability Act, please refer to 45CFR Section 164.101, et.seq.

ACTION: Approval of the Minutes of the September 3, 2025 Finance Committee Meeting

FINANCE COMMITTEE MEETING
WEDNESDAY,SEPTEMBER 3, 2025
5:00pm to 7:00pm

Conference Center Located at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Ronna Jojola Gonsalves, Clerk of the Board
(510) 535-7515

LOCATION:
Open Session: HCP Conference Center, see above address
Teleconference Location: 4501 Pleasanton Avenue, Pleasanton, CA 94566

FINANCE COMMITTEE MEMBERS
Alan E. Fox, Chair
Greg Garrett
David Sayen
Sblend A. Sblendorio

THE MEETING WAS CALLED TO ORDER AT 5: 02pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Alan E. Fox, Greg Garrett, Sblend Sblendorio

ABSENT: David Sayen, Excused

Trustee Fox asked if they could move the October Finance Committee to 4pm. The Committee Members agreed.

PUBLIC COMMENT:

A. ACTION: Approval of the Minutes of the July 2, 2025 Finance Committee Meeting

Trustee Fox asked if there was any public comment regarding the minutes. Ms. Jojola Gonsalves said there was none.

Trustee Sblendorio moved and Trustee Garrett seconded to approve the Minutes of the July 2, 2025 Finance Committee meeting.

NOTE: In the event that a quorum of the Board of Trustees participates on this Committee, the meeting is noticed as a Special Meeting of the Board of Trustees; however, no final Board of Trustees action can be taken.

ACTION: A motion was made and seconded to approve the Minutes of the July 2, 2025, Finance Committee meeting. A roll call was taken, and the motion passed.
AYES: Trustees Fox, Garrett, Sblendorio
NAYS: None
ABSTENTION: None

B. INFORMATION / DISCUSSION

B1. Chief Financial Officer Report

Kimberly Miranda, Chief Financial Officer
B1a. AHS July 2025 Financial Report
B1b. St. Rose May 2025 Financial Report

Trustee Fox asked if the labor cost per FTE included employed physicians. Ms. Miranda said it did.

Trustee Fox asked about the Alameda Alliance's request to delay the increase AHS would typically get at the beginning of the fiscal year. Mr. Jackson said that through some negotiations, it was determined that Wilman Chan Highland Hospital Campus would get the increase effective in January, pending evaluation. The increases for other facilities will be pushed out to the next fiscal year and will be at the level anticipated for that year.

Trustee Fox asked if that meant they would not catch up and pay us in October, AHS was not going to get that increase nor accrue a receivable for the difference. Mr. Jackson said that they were hopeful the Alliance would be able to retroactively meet the increase for Highland, but it was dependent on their performance.

Trustee Fox asked if St. Rose paid AHS back for the money used to initiate the IGT. Ms. Miranda said it was a donation. St. Rose did pay the line of credit back though.

Trustee Fox said we were close to the NNB limit but that didn't include any cash St. Rose might need. Ms. Miranda agreed and said if St. Rose can maximize the IGT funding they should not owe AHS anything on the line of credit by June 30. AHS was trying to help raise money for the required donation to fund the local share required to maximize the IGT.

Trustee Sblendorio asked for clarification regarding the budget considering St. Rose had $12M left for the rest of their fiscal year. Mr. Fratzke said they were projecting St. Rose would be fine until December. Trustee Sblendorio said it seemed that they will be cash flow positive for a while, but definitely not by June of next year. Ms. Miranda said they were hoping the subacute unit would bring in more revenue.

B2. Chief Operating Officer Report

Mark Fratzke, Chief Operating Officer
B2a.Center for Operational Transformation

Trustee Fox asked if the people leading the COT (Center for Operational Transformation) had other responsibilities or was the COT their full time job. Mr. Fratzke said the COT was their full time job. The amount of work was significant and without dedicated staff they would struggle to get it done.

Trustee Fox asked if the COT team was fully on board already. Mr. Fratzke said except for one person they were all on board. Only one FTE was being added, the rest were coming together from previously open FTEs.

Trustee Garrett asked who the VP of Clinical Transformation was. Mr. Fratzke said Kalisha Mays took that role. She was an interim Ambulatory VP, then transitioned to St. Rose, and now was back at AHS.

Trustee Garrett asked what the Tiger Team was. Mr. Fratzke said it was a way to support change in the areas where initiatives were taking place . The teams were existing FTEs who would move into the Tiger Team for a specific amount of time. The model was still developing.

Trustee Fox asked if development of the long range financial plan was part of the process. Ms. Miranda said it was. They needed a multi-year financial plan to ensure they had the resources available to fund the initiatives. Ms. Miranda said her understanding was that they would develop this five year operations plan, then based on the initiatives for the next year, they would include them in the annual cycle of what was to be funded each year. Mr. Fratzke said they should be able to bring the plan back in a couple of months.

Trustee Sblendorio asked if St. Rose was part of the long range planning. Mr. Fratzke said they were on the plan.

C. ACTION / DICUSSION

C1. DISCUSSION: Planning for Reduced Medi-Cal Reimbursement Resulting from Federal Budget Cuts

John Minot-Swartz, Director, Reimbursement and Finance Strategy

Trustee Fox asked if retroactive Medi-Cal coverage was the same as presumptive. Mr. Minot-Swartz said presumptive was a simpler application that applied for 1-2 months and only required self-attestation rather than proof. Whereas retroactive covered prior to the application and was more complicated.

Trustee Fox asked if we knew what planning was going on at the State level. Ms. Dong did not know what was on the table regarding litigation or potential cuts to local government. Mr. Jackson said they were working closely with CHA and CAPH on lobbying to ensure elected officials were aware of the concerns.

Trustee Fox said this would be bad for the County of Alameda as well. People in the healthcare field will lose jobs and reduce spending. Then it will hit us again in Measure A. Mr. Jackson agreed. Also, people who were working may not have the wherewithal or time to complete the

paperwork causing them to lose coverage and hit HPAC. People may return to using the emergency room for their primary care.

Trustee Sblendorio said they could control only what they could control. Advocacy was important. A lot of the perceived loss could be controlled. He said a concerted effort by the State, the counties, and the systems to avoid the issues that happened with Obama Care. They needed to figure out how they could get people to stay qualified. They needed to make it easier for people to stay qualified. He said that should be where our efforts are focused. He wanted to plan for what was in front of them.

Trustee Fox agreed. California should have a better opportunity to deal with this than some other states. The State could fill out half or ¾ of the paperwork people had to fill out to make it easier. Ms. Dong said the State was looking at data sets to keep people enrolled. Mr. Jackson said the Alliance was also working on how to simplify continuous coverage.

Trustee Garrett said there were horror stories about the post covid redetermination process. But the State made efforts to simplify the process. They needed to have that level of action.

C2. DISCUSSION: Alameda Hospital Seismic Upgrade
James Helena, Director, Facilities Services
Kristen Thorson, Project Manager, Porter Consulting, LLC

Trustee Fox asked why moment frame testing was listed under unanticipated budgeting. Ms. Thorson explained that the seismic rating on the south wing of the south building and the ER edition was with HCAI (Department of Health Care Access and Information) as an SPC3S, the “S” meaning self-reported. The district worked to validate with HCAI what it would take to get the “S” removed so they could be compliant past 2030. HCAI said the moment frame testing needed to be done based on the Loma Prieta Earthquake of 1989. It had not come up as an item to review prior to that, which made it unanticipated. The unanticipated cost was drawn from the SPC rather than the contingency funds.

Trustee Sblendorio asked if there were mitigation measures in place for the community who will be impacted by the construction. Mr. Jackson said they were doing everything in their power to mitigate and to minimize impact. But he wanted the Trustees to understand they would likely hear from members of the community who were impacted.

Trustee Garrett asked about the tanks that would be installed during construction. Ms. Thorson said they would be there for eight to 10 months to hold wastewater in the event the city sewer supply was interrupted.

Trustee Sblendorio asked why they had to put the tank underground. Ms. Thorson said it had to be below ground as there was no real estate above ground. There would also be a 30,000 gallon water tank above ground in the back lot.

Trustee Sblendorio asked about the timing of the tranches. Ms. Thorson said the first one was in August of the previous year and the next one was scheduled for December 2025.

Trustee Garrett asked about the contingency fund. He said bids for significant portions of the project wouldn't even go out until quarter one of 2028. He asked if they were concerned about the contingency lasting that long. Mr. Fratzke said they had room above the $56M if they had to borrow anything. They didn't intend to, but it was an option.

D. ACTION / DICUSSION: Contracts

Trustee Fox asked if there was any public comment regarding the Contracts. Ms. Jojola Gonsalves said there was none.

D1. New agreement with Entisys Solutions, Inc. dba E360 for provision of the Citrix virtual access platform supporting remote and mobile network access. The term of this agreement is effective September 29, 2025 through September 28, 2028. The estimated impact of this agreement is $1,499,410.
Christine Yang, Chief Information Officer

D2. Renewal agreement with GuidePoint Security LLC for provision of Arctic Wolf cybersecurity monitoring and recovery services. The term of this agreement is effective September 30, 2025 through June 30, 2028. The estimated impact of this agreement is $1,457,310.
Christine Yang, Chief Information Officer

D3. Renewal agreement with Xerox, Inc. for provision of printer equipment and services. The term of this agreement is effective November 1, 2025 through October 31, 2030. The estimated impact of this agreement is $3,983,160.
Christine Yang, Chief Information Officer

D4. New agreement with Anthem Blue Cross Life and Health Insurance Company for the provision of third-party administration services for the Alameda Health System employee health insurance plan. The initial term of this agreement is effective January 1, 2025 through December 31, 2027. The estimated impact of this agreement is $5,930,739.
Arleen Gomez, Chief Human Resources Officer

Trustee Garrett asked if this was a transition to a new administrative manager. Mr. Holley said it was. They'd always used a third party administrator. The last was administrator was acquired by another company and they took that opportunity to review the market environment.

D5. Renewal agreement with Cardea Health for provision of respite housing services. The term of this agreement is effective October 1, 2025 through September 30, 2028. The estimated impact of this agreement is $6,394,800.
Romoanetia Lofton, Chief Clinical Officer

D6. Amendment with Lifepoint Rehabilitation of California, LLC to renew terms for provision of management services for the Alameda Health System inpatient rehabilitation facility. The term of this amendment is effective October 1, 2025 through September 30, 2028. The estimated impact of this amendment is $4,211,233.
Mark Fratzke, Chief Operating Officer

Trustee Fox asked who employed the therapists that went to hospitals. Mr. Fratzke said they were AHS employees. Trustee Fox asked who went to the hospitals to encourage patients to use the services. Mr. Fratzke said they were also our employees.

D7. Renewal agreement with McKesson Corporation for provision of wholesale pharmaceutical supply services. The term of this agreement is effective April 1, 2026 through March 31, 2031. The estimated impact of this agreement is $447,180,000.
Romoanetia Lofton, Chief Clinical Officer

Trustee Fox asked if they would see a drop in their costs if the drug costs dropped. Mr. Jajeh said they achieved a discount on the contract as a whole, but it did not lock them out of potential fluctuations in drug pricing.

D8. Amendment with Quest Diagnostics to increase funding for provision of reference laboratory test services. The term of this amendment is March 1, 2022 through February 28, 2026. The estimated impact of this amendment is $13,280,743.
Romoanetia Lofton, Chief Clinical Officer

Trustee Fox asked why they were approving the funding increase now if the contract started in 2022. Ms. Saechao said the original summary did not include the auto renewal language, so they thought it prudent to bring back to the Board. Trustee Fox asked about the additional funding. Ms. Saechao said it was part of the original contract.

Trustee Sblendorio moved and Trustee Garrett seconded to approve agenda items D1-D8.

ACTION: A motion was made and seconded to approve agenda items D1-D8. A roll call was taken, and the motion passed.
AYES: Trustees Fox, Garrett, and Sblendorio
NAYS: None
ABSTENTION: None

E. DISCUSSION: Committee Planning, Issues Tracking

TRUSTEE COMMENTS

ADJOURNMENT: 7:01

Chief Financial Officer Report

ALAMEDA HEALTH SYSTEM

August 2025 Financial Report
Finance Committee October 1, 2025

August 2025 Financial Report
Finance Dashboard

August-2025

	Metric	FY2026 Goal YTD	Actual YTD	YTD	Trend Lines
Volume					
	Total Adjusted Discharges	5,285	5,564		
	Total Adjusted Patient Days	61,498	61,744		
Revenue Cycle					
	Collection Ratio	19.5%	19.3%		
	Cash as % of Net Revenue	100.0%	118.1%		
	Gross Days in Patient Receivables	62.0	62.0		
Labor					
	Productivity %	100.0%	101.1%		
	Registry as % of Total FTEs	4.2%	4.1%		
	Overtime % excl Company 30	4.5%	5.7%		
	Total FTEs	5,078	5,160		
	FTE per Adjusted Discharge	0.96	0.93		
	*Labor Cost/FTE w/o GASB	$238,296	$241,987		
Profitability					
	Total Cost per Adjusted Discharge	$50,498	$48,540		
	Total Cost per Adjusted Patient Days	$4,339	$4,374		
	Net Income	$5,506	$4,688		
	EBIDA Margin	4.0%	3.6%		
	NNB (Net Negative Balance)	<$95M	$4,834		
	Net Position	>$0	-$55,410		
Capital					
	Capital Spent	$4,878	$2,727		
	% of Capital Spent		55.9%		

*Labor costs excludes contracted physicians; Includes Registry travel/housing costs

August 2025 Financial Report
Volume Highlights – Part 1

	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Total Adjusted Patient Days	30,508	30,648	-140	-0.5%	61,744	61,498	247	0.4%	60,273	1,471	2.4%
Total Adjusted Discharges	2,766	2,625	141	5.4%	5,564	5,285	279	5.3%	5,208	355	6.8%
GENERAL ACUTE											
Patient Days	6,006	6,102	-96	-1.6%	12,039	12,475	-436	-3.5%	12,269	-230	-1.9%
Discharges	1,287	1,185	102	8.6%	2,575	2,407	168	7.0%	2,405	170	7.1%
Average Daily Census	193.7	196.8	-3.1	-1.6%	194.2	201.2	-7	-3.5%	197.9	-3.7	-1.9%
Average Length of Stay	4.7	5.1	0.4	8.5%	4.7	5.2	0.5	9.6%	5.1	-0.4	-7.8%
Adjusted Patient Days	11,389	11,388	1	0.0%	22,895	23,222	-327	-1.4%	22,838	58	0.3%
Adjusted Discharges	2,441	2,212	228	10.3%	4,897	4,480	417	9.3%	4,477	420	9.4%
CMI	1.530	1.607	(0.077)	-4.8%	1.570	1.654	(0.084)		1.653	-0.083	-5.0%
Emergency Visits	9,684	8,837	847	9.6%	19,087	17,601	1,486	8.4%	18,368	719	3.9%
Left Without Being Seen (LWBS)	562	576	14	2.4%	983	1,159	176	17.9%	1,282	299	30.4%
Trauma Cases	364	313	51	16.4%	659	626	33	5.2%	639	20	3.1%
Observation Equivalent Days	609	671	-62	-9.3%	1,305	1,399	-94	-6.7%	1,328	-23	-1.7%
Surgeries	682	724	-42	-5.8%	1,399	1,468	-69	-4.7%	1,598	-199	-12.5%
IP Surgeries	314	323	-9	-2.9%	643	683	-40	-5.9%	634	9	1.4%
OP Surgeries	368	400	-32	-8.1%	756	784	-28	-3.6%	964	-208	-21.6%
Deliveries	171	140	31	22.1%	324	281	43	15.2%	275	49	17.8%
PSYCH											
Psych Patient Days	2,008	2,071	-63	-3.0%	4,129	3,996	133	3.3%	4,033	96	2.4%
Psych Discharges	204	230	-26	-11.3%	417	444	-27	-6.0%	430	-13	-3.0%
Average Daily Census	64.8	66.8	-2	-3.0%	66.6	64.5	2.1	3.3%	65	1.5	2.4%
Average Length of Stay	9.8	9	-0.8	-8.2%	9.9	9	-0.9	-10.0%	9.4	-0.5	-5.6%
Adjusted Patient Days	2,473	2,518	-45	-1.8%	5,144	4,905	239	4.9%	4,966	178	3.6%
Adjusted Discharges	251	280	-28	-10.2%	520	545	-25	-4.6%	529	-10	-1.9%
PES Equivalent Days	692	748	-56	-7.5%	1,566	1,468	99	6.7%	1,468	99	6.7%
REHAB											
Rehab Patient Days	680	721	-41	-5.7%	1,353	1,420	-67	-4.7%	1,395	-42	-3.0%
Rehab Discharges	48	55	-7	-12.0%	106	107	-1	-1.3%	108	-2	-1.9%
Average Daily Census	21.9	23.3	-1.3	-5.7%	21.8	22.9	-1.1	-4.7%	22.5	-0.7	-3.0%
Average Length of Stay	14.2	13.2	0.9	7.2%	12.8	13.2	-0.5	-3.4%	12.9	-0.2	-1.2%
Adjusted Patient Days	680	721	-41	-5.7%	1,353	1,420	-67	-4.7%	1,395	-42	-3.0%
Adjusted Discharges	48	55	-7	-12.0%	106	107	-1	-1.3%	108	-2	-1.9%

August 2025 Financial Report
Volume Highlights – Part 2

	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
SNF with Sub-Acute											
SNF Patient Days	8,488	8,546	-58	-0.7%	17,238	17,091	147	0.9%	16,791	447	2.7%
SNF Discharges	19	24	-5	-21.1%	34	48	-14	-29.4%	37	-3	-8.1%
Average Daily Census	273.8	275.7	-1.9	-0.7%	278	275.7	2.4	0.9%	270.8	7.2	2.7%
Average Length of Stay	446.7	355	91.7	25.8%	507	354.9	152.1	42.9%	453.8	53.2	11.7%
Adjusted Patient Days	8,744	8,563	181	2.1%	17,803	17,122	681	4.0%	17,303	500	2.9%
Adjusted Discharges	20	24	-5	-18.8%	35	48	-13	-27.2%	38	-3	-7.9%
Bed Holds	73	110	-37	-33.5%	46	207	-161	-77.8%	205	-159	-77.6%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	5,124	4,990	-134	-2.7%	5,160	5,078	-82	-1.6%	5,071	-89	-1.8%
Total Productive FTE	4,500	4,348	-151	-3.5%	4,507	4,395	-113	-2.6%	4,422	-86	-1.9%
Total Paid FTE per AOB	5.2	5.1	(0.2)	-3.2%	5.2	5.1	(0.1)	-1.2%	5.2	0.0	0.7%
Worked Hours Per APD	26.1	25.1	-1	-4.0%	25.9	25.3	-0.5	-2.1%	26	0.1	0.5%
Worked Hours Per AD	288	293	5	1.8%	287	295	8	2.6%	301	14	4.6%
Physician wRVU	130,830	113,651	17,180	15.1%	267,767	234,544	33,223	14.2%	246,849	20,918	8.5%
CLINIC / TELEHEALTH VISITS	34,299	36,528	-2,229	-6.1%	69,359	74,997	-5,638	-7.5%	69,436	-77	-0.1%
Clinic Visits	28,596	30,859	-2,263	-7.3%	57,772	63,125	-5,353	-8.5%	58,143	-371	-0.6%
Telehealth Visits	5,703	5,669	34	0.6%	11,587	11,872	-285	-2.4%	11,293	294	2.6%
FQHC Visits	28,951	31,138	-2,187	-7.0%	58,252	62,458	-4,206	-6.7%	57,663	589	1.0%
Clinic Visits	24,292	26,328	-2,036	-7.7%	48,827	52,479	-3,652	-7.0%	48,221	606	1.3%
Telehealth Visits	4,659	4,810	-151	-3.1%	9,425	9,979	-554	-5.6%	9,442	-17	-0.2%
Non-FQHC Visits	5,348	5,390	-42	-0.8%	11,107	12,539	-1,432	-11.4%	11773	-666	-5.7%
Clinic Visits	4,304	4,531	-227	-5.0%	8,945	10,646	-1,701	-16.0%	9,922	-977	-9.8%
Telehealth Visits	1,044	859	185	21.5%	2,162	1,893	269	14.2%	1,851	311	16.8%
PAYOR MIX											
Insurance %	7.1%	7.8%	-0.7%		6.6%	7.2%	-0.5%		7.0%	-0.4%	
Medi-Cal %	7.6%	10.7%	-3.1%		7.3%	10.1%	-2.8%		9.9%	-2.6%	
Medi-Cal MC %	51.5%	52.0%	-0.5%		51.9%	52.5%	-0.6%		52.7%	-0.8%	
Medicare %	22.7%	18.1%	4.6%		22.9%	18.6%	4.3%		19.1%	3.8%	
Medicare MC %	7.1%	7.2%	-0.1%		7.0%	7.1%	-0.1%		7.3%	-0.2%	
Other Govt %	1.7%	1.3%	0.4%		1.3%	1.5%	-0.2%		1.5%	-0.2%	
Self-Pay %	2.5%	3.0%	-0.5%		2.9%	3.0%	-0.1%		2.6%	0.3%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	

August 2025 Financial Report
YTD Highlights

- Favorable YTD revenue variance of $2.8M.
  - Net patient revenue approximated budget; although the collection percentage was 0.2% below budget offset by higher volumes.
  - SAC law settlement on older claims ($3.1M).

- Unfavorable YTD expense variance of $3.2M.
  - Labor costs unfavorable by $3.9M from higher FTEs than anticipated.
  - Non-labor cost favorable by $0.8M with the largest in material and supplies related to lower inpatient days and surgeries.

	August 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	$ 137,971	$ 134,917	$ 3,054	2.3%	$ 275,410	$ 272,635	$ 2,775	1.0%	$ 254,777	8.1%
Operating expense	131,960	132,776	816	0.6%	270,055	266,861	(3,194)	(1.2)%	253,845	(6.4)%
Operating income (loss)	**6,011**	**2,141**	**3,870**	**180.8%**	**5,355**	**5,774**	**(419)**	**(7.3)%**	**932**	**474.6%**
Other non-operating activity	(349)	(118)	(231)	(195.8)%	(668)	(268)	(400)	(149.3)%	(262)	(155.4)%
Net Income (loss)	**$ 5,662**	**$ 2,023**	**$ 3,639**	**179.9%**	**$ 4,687**	**$ 5,506**	**$ (819)**	**(14.9)%**	**$ 670**	**599.1%**
EBIDA adjustments	2,650	2,696	(46)		5,271	5,477	(206)		7,310	
EBIDA	**$ 8,312**	**$ 4,719**	**$ 3,593**		**$ 9,958**	**$ 10,983**	**$ (1,025)**		**$ 7,980**	
Operating Margin	4.4%	1.6%	2.8%		1.9%	2.1%	(0.2)%		0.4%	
EBIDA Margin	6.0%	3.5%	2.5%		3.6%	4.0%	(0.4)%		3.1%	

August 2025 Financial Report
Net Patient Services Revenue Highlights

- Gross patient service revenue is favorable driven by inpatient and outpatient services.
  - General Acute inpatient days and surgery are below budget.
  - Discharges exceeded budget for MTD and YTD and LOS improved to 4.7.
    - CMI fell below budget by 4.8% indicating lower complexity of patients and services.
  - Trauma cases are higher than budget, MTD 16.4% and YTD 5.2%
  - HGH Observation lower than budget and OP Surgery below budget.
  - ED visits favorable to budget by 9.6%, YTD 8.4%.
  - Clinic visits were below budget by 6.1%; primarily from Eastmont dental expansion.
  - SNF census unfavorable 0.7%; however, with bed holds exceeding plan.
  - JGP days and PES lower than budget; however, YTD days favorable by 3.3% and PES favorable 6.7%.

- NPSR Collection ratio YTD was 19.3% which is lower than expected.
  - Commercial Payer mix below off set by higher volumes
  - Rate increases for government and Managed Medi-Cal were included in budget evenly and have not been realized.

	August 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	$ 220,820	$ 218,948	$ 1,872	0.9%	$ 441,383	$ 438,682	$ 2,701	0.6%	$ 424,352	4.0%
Outpatient service revenue	156,845	149,280	7,565	5.1%	314,034	299,475	14,560	4.9%	290,153	8.2%
Professional service revenue	40,330	41,702	(1,372)	(3.3)%	81,912	86,232	(4,321)	(5.0)%	79,622	2.9%
Gross patient service revenue	417,995	409,930	8,065	2.0%	837,329	824,389	12,940	1.6%	794,127	5.4%
Deductions from revenue	(337,793)	(329,797)	(7,996)	(2.4)%	(675,998)	(663,237)	(12,761)	(1.9)%	(640,733)	5.5%
Net patient service revenue	**80,202**	**80,133**	**69**	**0.1%**	**161,330**	**161,151**	**179**	**0.1%**	**153,394**	**(5.2)%**
Collection % - NPSR	19.2%	19.5%	(0.3)%		19.3%	19.5%	(0.2)%		19.3%	
Capitation and HPAC	4,479	4,549	(71)	(1.6)%	8,973	9,096	(123)	(1.4)%	9,114	(1.6)%
Other government programs	45,101	45,415	(314)	(0.7)%	90,424	90,830	(406)	(0.4)%	80,913	11.8%
Other operating revenue	8,189	4,820	3,369	69.9%	14,683	11,557	3,126	27.1%	11,356	29.3%
Total operating revenue	**$ 137,970**	**$ 134,917**	**$ 3,052**	**2.3%**	**$ 275,410**	**$ 272,634**	**$ 2,776**	**1.0%**	**$ 254,777**	**8.1%**

August 2025 Financial Report
Governmental and Other Revenue Highlights

- Other government programs unfavorable primarily due to Prop56 ($0.2M). Prop56 budget was based on FY2025 receipts that included an overpayment, and the variance will continue all year. YTD, unfavorable also due to Prop56.
- Other operating revenue favorable by $3.4M from higher retail pharmacy ($0.6M), settlement on low pay accounts ($3.1M), SRH management fee accrual not included in the budget ($0.3M), offset by unfavorable grant revenue ($0.5M). YTD, favorable driven by the settlement on low pay accounts $3.1 M).,

	August 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	80,202	80,133	69	0.1%	161,330	161,151	179	0.1%	153,394	(5.2)%
Capitation and HPAC	4,479	4,549	(71)	(1.6)%	8,973	9,096	(123)	(1.4)%	9,114	(1.6)%
Medi-Cal Waiver	8,497	8,474	23	0.3%	16,994	16,947	47	0.3%	18,343	(7.4)%
Measure A and parcel tax	12,760	12,760	0	0.0%	25,519	25,519	0	0.0%	25,571	(0.2)%
Supplemental Programs	23,844	24,182	(338)	(1.4)%	47,910	48,364	(454)	(0.9)%	37,000	29.5%
Covid-19	-	-	-	0.0%	-	-	-	0.0%	-	0.0%
Other government programs	**45,101**	**45,415**	**(314)**	**(0.7)%**	**90,423**	**90,830**	**(407)**	**(0.4)%**	**80,913**	**11.8%**
Grant Revenue	775	1,422	(646)	(45.5)%	1,981	2,409	(428)	(17.8)%	2,172	(8.8)%
Other Operating Revenue	7,413	3,398	4,015	118.1%	12,702	9,148	3,554	38.9%	9,184	38.3%
Other operating revenue	**8,189**	**4,820**	**3,369**	**69.9%**	**14,683**	**11,557**	**3,126**	**27.1%**	**11,356**	**29.3%**
Total operating revenue	**$ 137,970**	**$ 134,917**	**$ 3,052**	**2.3%**	**$ 275,409**	**$ 272,634**	**$ 2,775**	**1.0%**	**$ 254,777**	**8.1%**

August 2025 Financial Report
Expense Highlights excluding Labor

- Purchased services favorable from outside medical services ($0.7M), software licenses ($0.4M) offset by unfavorable variance ($0.2M) spread across various departments. YTD, favorable from outside medical services ($0.6M) offset by unfavorable variance ($0.2M) spread across various departments and billing/collection fees ($0.2M) related to payor settlement.
- Material and supplies favorable from medical/surgical supplies ($0.8M), pharmaceuticals ($0.5M), quarterly supply rebate ($0.3M), and non-medical supplies ($0.2M). YTD, favorable from pharmaceuticals ($0.6M), medical/surgical supplies ($0.6M), and non-medical supplies ($0.3M).

	August 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	$ 100,177	$ 98,466	$ (1,711)	(1.7)%	$ 204,239	$ 200,290	$ (3,949)	(2.0)%	$ 189,824	(7.6)%
Physician contract services	3,739	3,463	(276)	(8.0)%	7,566	7,061	(505)	(7.2)%	6,888	(9.8)%
Purchased services	8,261	9,119	858	9.4%	16,947	17,101	154	0.9%	15,771	(7.5)%
Materials and supplies	11,652	13,524	1,872	13.8%	24,797	26,336	1,539	5.8%	23,523	(5.4)%
Facilities	3,552	3,145	(407)	(12.9)%	7,262	5,972	(1,290)	(21.6)%	5,866	(23.8)%
Depreciation and amortization	2,292	2,565	273	10.6%	4,582	5,183	601	11.6%	7,022	34.7%
General and administrative	2,287	2,494	207	8.3%	4,662	4,918	256	5.2%	4,951	5.8%
Total operating expense	**$ 131,960**	**$ 132,776**	**$ 816**	**0.6%**	**$ 270,055**	**$ 266,861**	**$ (3,194)**	**(1.2)%**	**$ 253,845**	**(6.4)%**

August 2025 Financial Report
Expense Highlights excluding Labor (part 2)

- Facilities unfavorable from timing of building/equipment repairs ($0.8M) offset by lower utilities ($0.5M). YTD, unfavorable from timing of building/equipment repairs ($1.6M) and offset by lower utilities ($0.3M). Many of the invoices were prior period and will be reviewed during the FY2025 audit.
- Depreciation and amortization favorable from timing of equipment depreciation offset by higher amortization for leases and software agreements ($0.3M). YTD, favorable from lower equipment depreciation ($0.9M) offset by higher lease amortization ($0.3M).
- General and administrative favorable from timing of recruitment ($0.2M). YTD, also favorable from recruitment vendor ($0.2M).

	August 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	$ 100,177	$ 98,466	$ (1,711)	(1.7)%	$ 204,239	$ 200,290	$ (3,949)	(2.0)%	$ 189,824	(7.6)%
Physician contract services	3,739	3,463	(276)	(8.0)%	7,566	7,061	(505)	(7.2)%	6,888	(9.8)%
Purchased services	8,261	9,119	858	9.4%	16,947	17,101	154	0.9%	15,771	(7.5)%
Materials and supplies	11,652	13,524	1,872	13.8%	24,797	26,336	1,539	5.8%	23,523	(5.4)%
Facilities	3,552	3,145	(407)	(12.9)%	7,262	5,972	(1,290)	(21.6)%	5,866	(23.8)%
Depreciation and amortization	2,292	2,565	273	10.6%	4,582	5,183	601	11.6%	7,022	34.7%
General and administrative	2,287	2,494	207	8.3%	4,662	4,918	256	5.2%	4,951	5.8%
Total operating expense	**$ 131,960**	**$ 132,776**	**$ 816**	**0.6%**	**$ 270,055**	**$ 266,861**	**$ (3,194)**	**(1.2)%**	**$ 253,845**	**(6.4)%**

August 2025 Financial Report
Expense Highlights – Labor

- Staff, physician and registry wages unfavorable to budget from higher FTE volume (134 FTEs/$2.0M) and offset by lower rates ($1.5M). YTD, unfavorable to budget from higher FTE volume (82 FTEs/$2.5M) offset by lower rates ($1.3M).
  - AHS continues to roll-out UKG timekeeping for registry and timing differences occur between when invoices are paid and hours are included to calculate FTEs.
- Employee Benefits unfavorable from higher self-funded health ($1.5M), workers compensation ($0.2M) offset by lower FICA ($0.3M), Kaiser insurance plan ($0.2M), and other benefits ($0.2M). YTD, unfavorable from higher self-funded health ($3.2M), workers compensation ($0.2M) offset by lower FICA ($0.3M), Kaiser insurance plan ($0.5M), and other benefits ($0.2M).
- Retirement unfavorable from ACERA ($0.3M) offset by favorable variances for other AHS retirement plans ($0.1M). YTD, unfavorable from ACERA ($0.6M) offset by favorable variances for other AHS retirement plans ($0.3M).

	August 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	$ 61,465	$ 59,403	$ (2,062)	(3.5)%	$ 125,137	$ 121,305	$ (3,832)	(3.2)%	$ 114,705	(9.1)%
Salaries and wages (physicians)	10,233	11,140	907	8.1%	20,873	22,455	1,582	7.0%	20,402	(2.3)%
Registry	3,653	4,260	607	14.2%	7,487	8,545	1,058	12.4%	8,429	11.2%
Employee benefits (taxes, insurance)	16,503	15,484	(1,019)	(6.6)%	33,677	31,257	(2,420)	(7.7)%	30,315	(11.1)%
Retirement	8,323	8,179	(144)	(1.8)%	17,065	16,728	(337)	(2.0)%	15,973	(6.8)%
Total labor costs	**$ 100,177**	**$ 98,466**	**$ (1,711)**	**(1.7)%**	**$ 204,239**	**$ 200,290**	**$ (3,949)**	**(2.0)%**	**$ 189,824**	**(7.6)%**
Compensation ratio	72.6%	73.0%	0.4%		74.2%	73.5%	-0.7%		74.5%	
Paid FTEs	5,124	4,990	(134)	(2.7)%	5,160	5,078	(82)	(1.6)%	5,071	(1.8)%

August 2025 Financial Report
Physician Expenses Variance

Budget Variances by Physician Specialty
(in thousands)

	Current Month - Aug 2025			Year to Date		
Specialty	**Salaries**	**Contract**	**Total**	**Salaries**	**Contract**	**Total**
ED	191	(238)	(47)	268	(648)	(380)
General Surgery	0	(217)	(217)	0	(319)	(319)
GME	(35)	(120)	(155)	(37)	(163)	(200)
Hospitalist	(62)	(54)	(116)	3	(95)	(92)
Primary	(3)	(22)	(25)	(6)	(45)	(51)
Neurology	(18)	11	(7)	(21)	(11)	(32)
Podiatry	(7)	0	(7)	(22)	0	(22)
Pathology	(4)	0	(4)	(19)	0	(19)
Hospice	(12)	0	(12)	(18)	0	(18)
Nephrology	(47)	8	(39)	(26)	12	(14)
Geriatrics	26	0	26	(0)	0	(0)
Anesthesia	106	0	106	126	0	126
General Dentistry	83	0	83	165	0	165
Psychiatry	72	64	136	109	138	247
OB/GYN	163	43	205	264	44	308
Wellness Centers	111	(11)	100	372	(49)	323
Neurosurgery	0	198	198	0	396	396
Vasculary Surgery	0	230	230	0	460	460
Other	344	(168)	176	424	(225)	199
	$ 907	**$ (276)**	**$ 631**	**$ 1,582**	**$ (505)**	**$ 1,077**

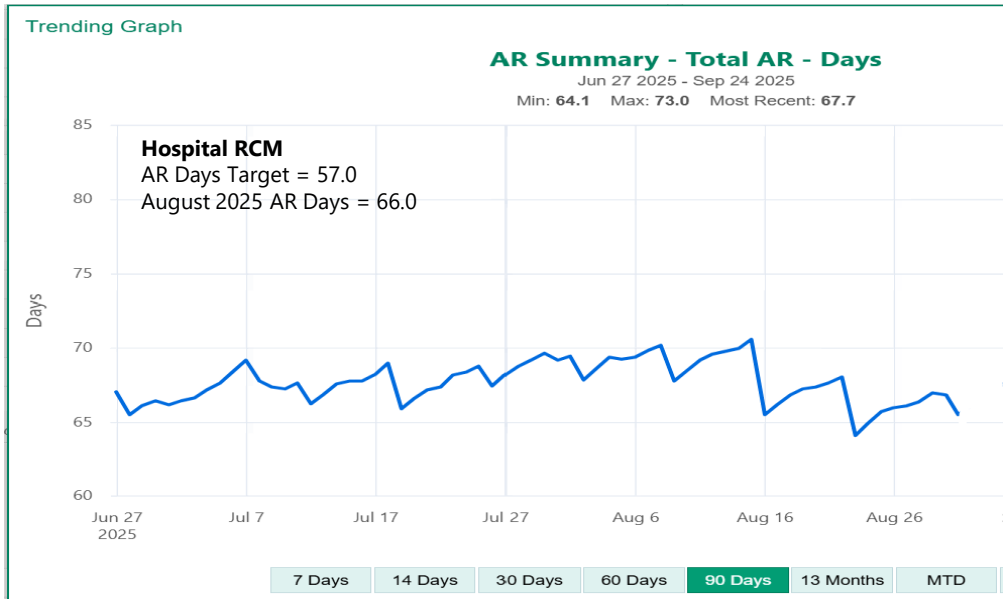
**Variances less than ($100k) in "Other"*

August 2025 Financial Report
Balance Sheet Key Metrics

- Days in Cash are 1.8 and higher than year-end; typically, below 5.0 days.
- Gross AR Days decreased 3.1 days and Net AR Days decreased 1.7 days. See next slide for additional detail.
- Days in Accounts Payable decreased due to timing of the check run and implementation of Hyland/Onbase (automation of AP processes). The target is 30 days.
- Net Position is negative $55.4M and decreased $4.9M from June 30, 2025 reflecting YTD Net Income.
- Net Negative Balance is a receivable of $4.8M. NNB consists of the liquidity facility (loan) of $22.3M offset by the restricted cash of $27.1M; and is expected to be below the June 30, 2026 credit ceiling of $95.0M at the end of the fiscal year.

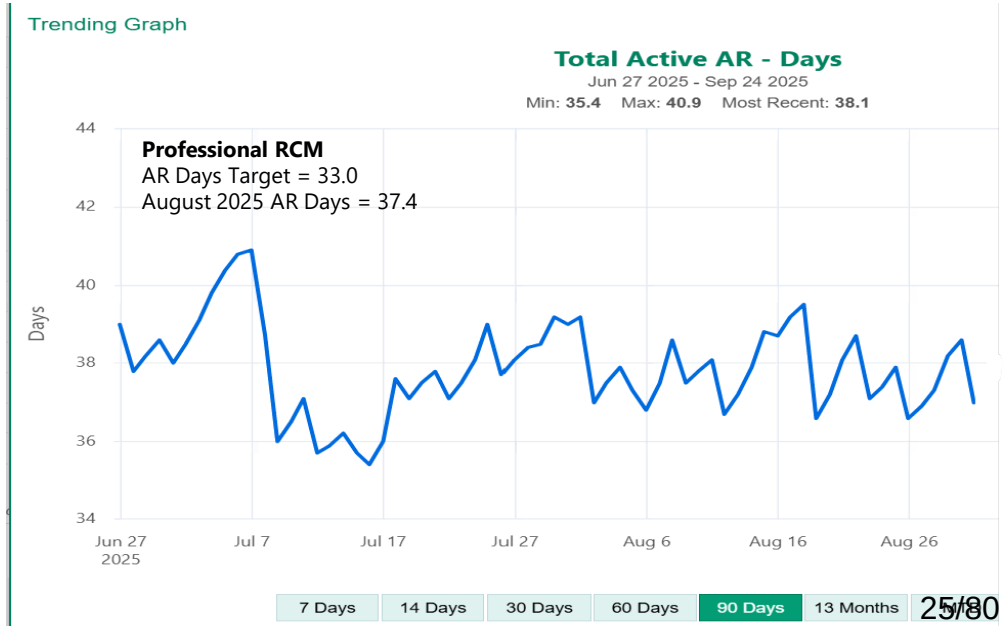
	Aug-25	Jul-25	FY 2025
Days in cash	1.8	3.1	1.2
Gross days in patient receivable	62.0	65.1	62.4
Net days in patient receivable	44.7	46.4	45.5
Due from/(to) third-party payors	$ 220,760	$ 156,041	$ 154,653
Due from/(to) County	$ (25,188)	$ 33,290	$ 39,481
Days in accounts payable	35.0	32.5	38.1
% of AP over 60 days	3.0%	5.6%	10.6%
Net position - fund balance/(deficit)	$ (55,411)	$ (61,072)	$ (60,267)
Net negative balance - receivable/(payable)	$ 4,834	$ (5,367)	$ 26,631

August 2025 Financial Report
AR Trending



Hospital Revenue Cycle Key Indicators

- HB AR Days decreased by 3.7 days compared to prior month. July AR Days 69.7, August AR Days 66.0
- August collections were $70.4M. Higher than the average of the prior twelve months at $61.6M.



Professional Revenue Cycle Key Indicators

- PB AR Days decreased by 1.8 days compared to prior month. July AR Days 39.2 days, August AR Days 37.4
- July collections were $11.8M. Higher than average of the prior twelve months at $11.1M.

August 2025 Financial Report
Patient Collections

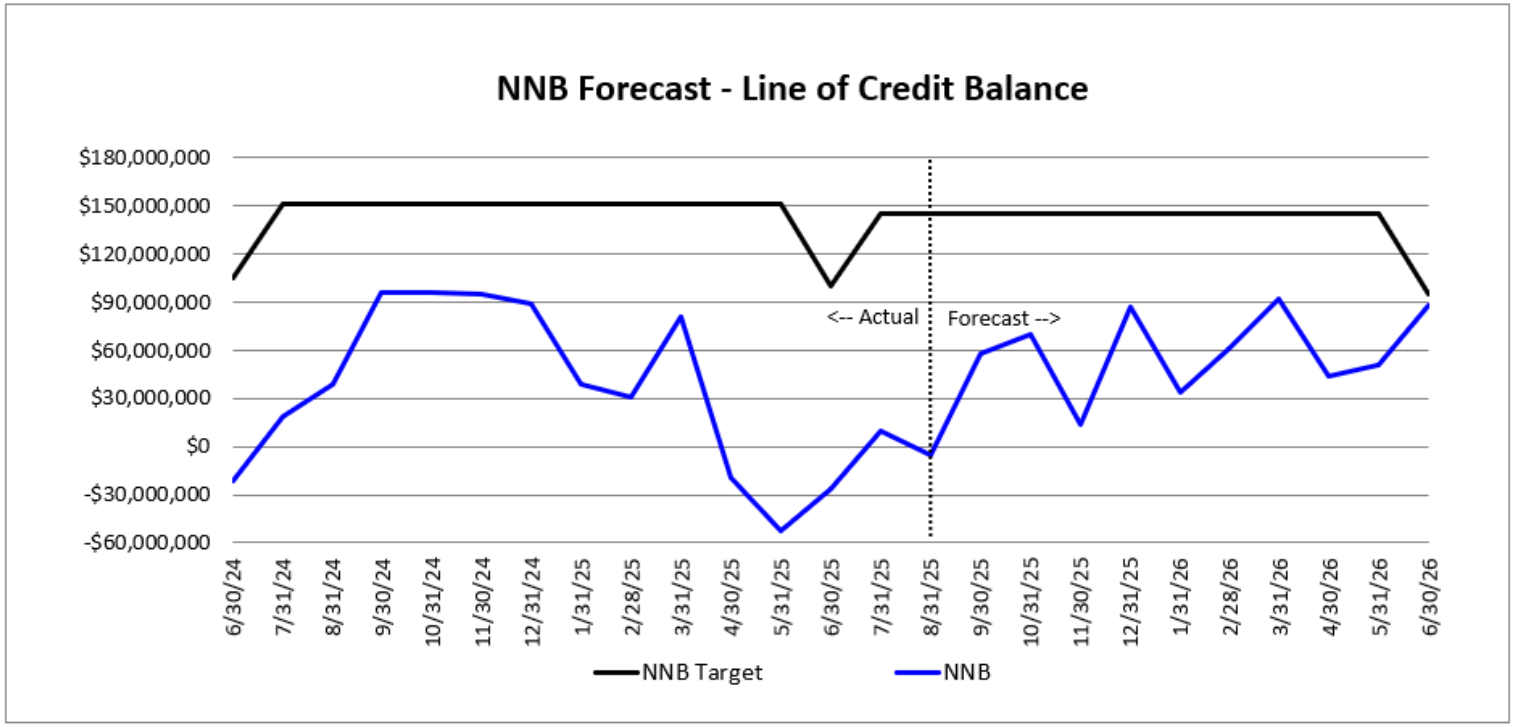
- FY26 patient collections approximately 25.0 % higher than the same period in FY25.
- Payments received in August for JGP represent FY24 ($12.0M) and FY25 ($16.6M). JGP FY25 contract with the County was amended from $49.2M to $74.2M; total FY25 contract payments through July 2025 is $73.3M. As a reminder, AHS is accrued revenue at $72.1M consistent with the FY23 contract. Funding does not cover costs.

PATIENT COLLECTIONS
(in thousands)

	Behavioral Health	Epic	Total FY 2026	FY 2025	FY 2024	FY 2023	FY 2022
Jul	11,928	67,883	79,811	72,694	79,592	74,260	59,732
Aug	28,651	82,136	110,787	79,768	69,313	58,590	57,374
Sep	-	-	-	69,741	63,322	76,063	61,968
Oct	-	-	-	76,783	63,122	59,796	49,923
Nov	-	-	-	78,747	57,781	56,939	52,057
Dec	-	-	-	94,631	63,867	67,018	68,121
Jan	-	-	-	89,014	68,757	71,452	62,292
Feb	-	-	-	68,511	75,852	57,886	52,269
Mar	-	-	-	91,851	54,720	65,320	62,888
Apr	-	-	-	74,892	61,895	55,307	56,235
May	-	-	-	74,339	102,015	63,795	69,591
Jun	-	-	-	72,211	71,208	70,027	53,187
Total	**40,579**	**150,019**	**190,598**	**943,182**	**831,444**	**776,453**	**705,637**
% change between fiscal years			25.0%	13.4%	7.1%	10.0%	

August 2025 Financial Report
Line of Credit (NNB) Forecast through 6/30/26

- FY2026 forecast reflects AHS operations consistent with the approved budget and is expected to be compliant at 6/30/26. There were no significant changes in August that impacted the 6/30/26 forecast.
  - GPP CY2025 Q2 increased from $25.7 million to $26.5 million, FQ recoupment for FY24 ($10M) and Settlement ($3.1M).
  - County has paid consistent with the current amendments for FY2024 and FY2025; however, approximately 20% was withheld on invoices pending final resolution. The County continues to struggle with the implementation of Smartcare impeding their ability to determine funding from the State.
  - AHS donation toward the St. Rose IGT and use of the line of credit are excluded from the projection. St. Rose is completing their budget and will bring forward next month.



August 2025 Financial Report
Material Items Impacting NNB Forecast

- Prior year activity for the AB915, Medi-Cal FQHC and Physician SPA settlements are reflected in bottom table as the final settlement and timing are unknown. The Old Waiver FY2011 is expected to be settled by October 2025; resulting in the release of reserves in June 2025 and additional funding ($29.2M) in November 2025.

Material Items Included in NNB Forecast
(in thousands)

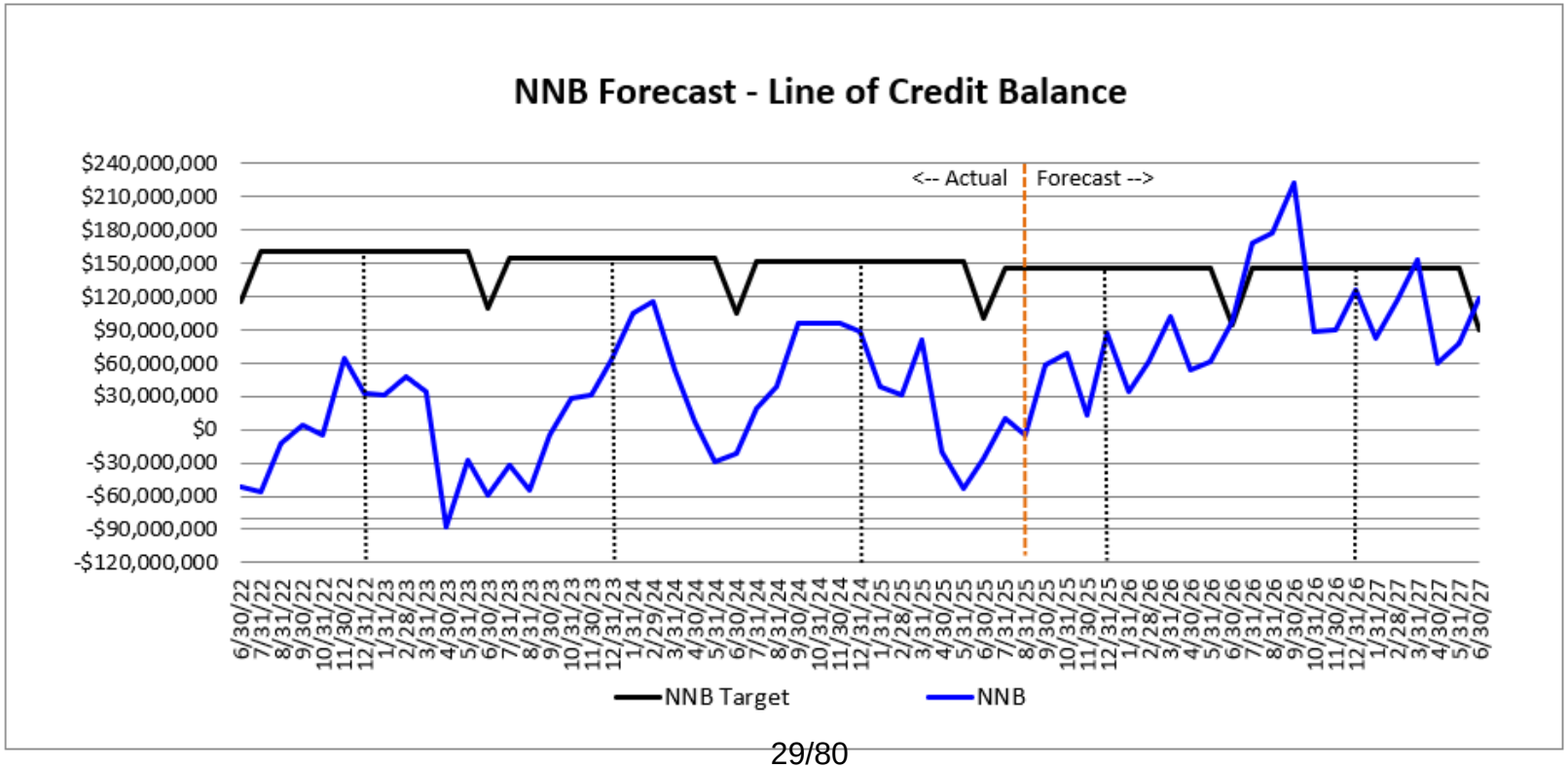
	Oct-25	Nov-25	Dec-25	FY26 Q3	FY26 Q4
GPP (quarterly)	$ 26,537	$ -	$ -	$ 25,700	$ 25,700
EPP (semi-annual)	21,000	-	-	-	21,000
QIP	34,364	-	-	-	34,364
Medi-Cal Rate Range	-	-	-	42,700	-
Medi-Cal Waiver (fy11)	-	29,169	-	-	-
BHCS (JGP/Alameda County) - fy25	-	-	-	-	-
BHCS (JGP/Alameda County) - fy26	6,084	6,084	6,084	18,251	18,251
BHCS (JGP/Alameda County) - fy27	-	-	-	-	-
HPAC	-	10,800	-	10,800	21,600
AB85 Realignment	(41,670)	-	-	-	-
SNF DP-NF	-	-	-	25,797	-
St. Rose Hospital LOC	-	-	-	-	-
Donation to St. Rose Hospital	-	-	-	-	-
	$ 46,315	$ 46,053	$ 6,084	$ 123,248	$ 120,915

Prior Year Reimbursement Settlements

Waiver recoupment (fy11)	$ 29,169	Payment expected in Nov-25
AB915 (fy14-fy20)	(17,000)	TBD
Medi-Cal FQHC recoupment (fy08 - fy13)	(40,000)	TBD
Physician SPA (fy08 - fy13)	(25,100)	TBD
	$ (52,931)	

August 2025 Financial Report
Line of Credit (NNB) - FY23 through FY27

- NNB was a receivable on June 30th for FY2022, FY2023, FY2024, and FY2025.
- NNB projected to exceed maximum funding of $140.0M by $80.0M by 9/30/27.
- Activity is cyclical as indicated by the blue graph line. Supplemental funding is historically lower between July and December resulting in higher draws on the NNB.
- In FY2027 (September 2026), the NNB exceeds the inter-period maximum of $140.0M from starting the fiscal year at a high payable position which doesn't allow enough cushion to cover expenditures in the four months until supplemental funding is received in October/November 2026.
- In FY2026, HPAC re-alignment funding will be repaid for FY2024 and no funding for FY2026 will be received.



August 2025 Financial Report
Material Items Impacting NNB Forecast

- Table expanded to included FY2027 activity. Key items are as follows.
  - Acceleration of EPP payment by six months for an increase of $44.1M in FY2027 Q2.
  - Future AB85 Realignment (also known as HPAC Amendment, ~$40.0M) not expected in FY2026 and FY2027. Also, reflected in Oct-25 is a repayment for funding received for FY2023 but not subsequently earned.
  - SNF DP-NF funding ends in FY2027 Q3.
  - SRH will access line of credit during fiscal year but will repay funds by June 30th thereby having no impact on NNB at year-end.
  - AHS donation toward SRH IGT is anticipated at $10.0M for FY2026 and FY2027. These transactions have not been approved by AHS Board of Trustees.

Material Items Included in NNB Forecast
(in thousands)

	Oct-25	Nov-25	Dec-25	FY26 Q3	FY26 Q4	FY27 Q1	FY27 Q2	FY27 Q3	FY27 Q4
GPP (quarterly)	$ 26,537	$ -	$ -	$ 25,700	$ 25,700	$ 23,551	$ 23,551	$ 28,651	$ 19,700
EPP (semi-annual)	21,000	-	-	-	21,000	-	**75,351**	-	39,510
QIP	34,364	-	-	-	34,364	-	51,000	-	51,000
Medi-Cal Rate Range	-	-	-	42,700	-	-	-	51,300	-
Medi-Cal Waiver (fy11)	-	29,169	-	-	-	-	-	-	-
BHCS (JGP/Alameda County) - fy26	6,084	6,084	6,084	18,251	18,251	12,671	-	-	-
BHCS (JGP/Alameda County) - fy27	-	-	-	-	-	-	18,900	18,900	25,200
HPAC	-	10,800	-	10,800	21,600	-	21,600	10,800	10,800
AB85 Realignment	**(41,670)**	-	-	-	-	-	**4,800**	-	-
SNF DP-NF (final pmt Jan-27)	-	-	-	**25,797**	-	-	-	**26,000**	-
St. Rose Hospital LOC	-	-	-	7,500	(7,500)	-	7,500	(7,500)	-
Donation to St. Rose Hospital	-	-	-	10,000		-	-	10,000	
	$ 46,315	$ 46,053	$ 6,084	$ 140,748	$ 113,415	$ 36,222	$ 202,702	$ 138,151	$ 146,210

July 2025 Consolidated Results
Financial Summary & YTD Highlights

- SRH's YTD net income is $7.6M, $23.9M favorable to budget
  Revenue variance unfavorable, $191K
  - Net patient service revenue variance, favorable 1.6% YTD, driven by timing of supplemental revenue (DSH payments)
  - Other revenue favorable 147% YTD, due to receipt of IGT funding in May ($30.3M) which exceeded budget by $22.3M. AHS donation was not in the budget ($12.2M).
  - Favorable expenses of $567.0K driven by delays opening SNF Sub Acute – under budget in labor costs and materials/supplies.

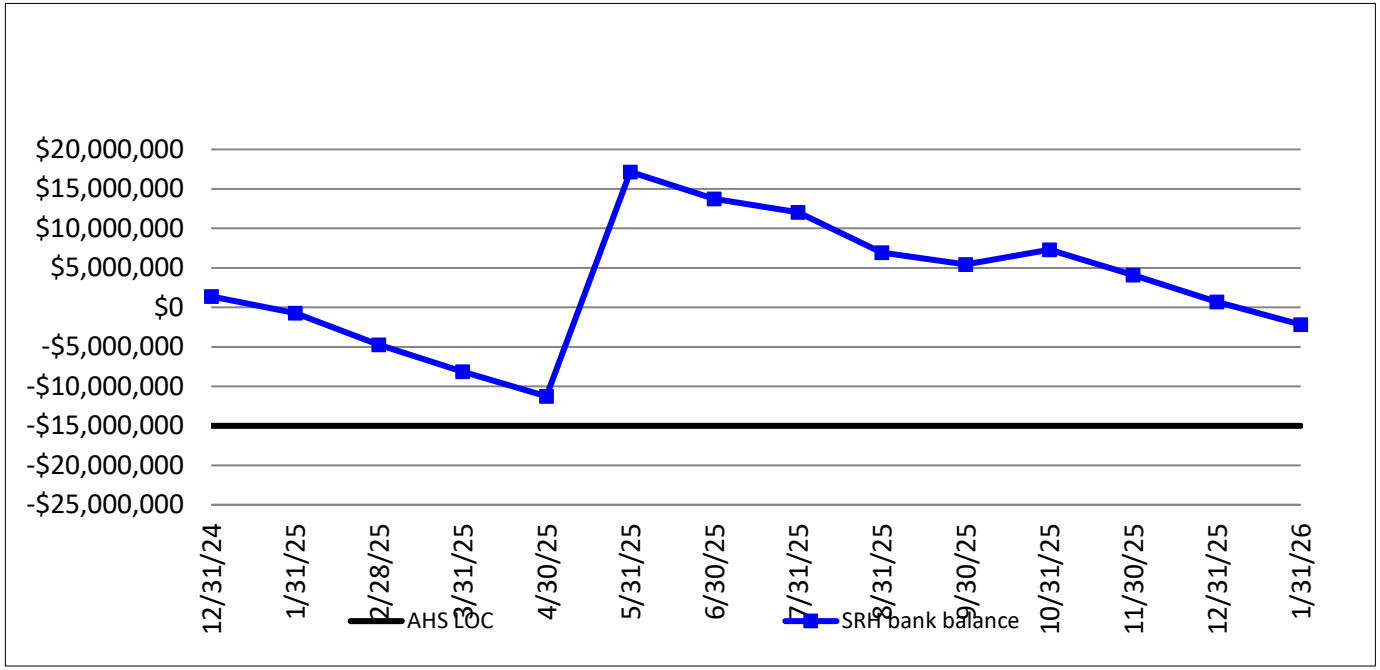
- MOB's YTD net income is $409.5K, exceeding budget by $115.6K (39.3%)
  - Rent revenue higher than budget from additional tenant (LaFamilia)
  - Still deferring repairs.

- Foundation's YTD net loss is $579.2K unfavorable by $657.8K driven by the $1M donation to St. Rose Hospital, partially offset by The Dee Jordan Trust ($300K) and another donation/grant of $50K from DAFgiving360 in honor of Victor Verbinski.

	July 31, 2025				Year-To-Date			
	Actual	**Budget**	**Var ($)**	**Var (%)**	**Actual**	**Budget**	**Var ($)**	**Var (%)**
Total Net Patient Service Revenue	$9,290	$8,742	$548	6.3%	$85,320	$83,966	$1,355	1.6%
Total Other Revenue	$183	$922	($739)	-80.2%	$40,446	$16,397	24,049	146.7%
TOTAL OPERATING REVENUE	**$9,473**	**$9,664**	**($191)**	**-2.0%**	**$125,767**	**$100,363**	**$25,404**	**25.3%**
Less: Operating Expenses	$10,939	$11,506	$567	4.9%	$114,128	$115,255	1,128	1.0%
EBITDA	**($1,466)**	**($1,842)**	**$376**	**-20.4%**	**$11,639**	**($14,893)**	**$26,532**	**-178.2%**
Total Non-Operating Exp/(Income	$322	$390	($68)	-17.4%	$4,200	$3,940	$260	6.6%
Restr Donation - AA Geropscych)	$0	$292	($292)	-100.0%	$0	$2,917	(2,917)	-100.0%
NET INCOME/(LOSS)	**($1,789)**	**($1,941)**	**$152**	**-7.8%**	**$7,439**	**($15,915)**	**$23,355**	**-146.7%**

July 2025
Cash Flow Projection

- SRH started drawing down from AHS LOC in January and has borrowed $11M through May 6th, 2025. Interest has been accruing on the County's cost of fund rate. Total amount drawn, along with the interest incurred to date ($109,002), was paid off on June 12th.
- SRF donated $1M to SRH on April 16th.
- IGT funding received on May 28th - $30.3M
  - Paid AHS LOC ($11.109M)
  - Continue catching up on paying vendors especially health benefit-related invoices
- The current projection indicates that the IGT will only sustain SRH through the first quarter of Fiscal Year 2026. If volume and collections don't improve, drawing from the LOC will be necessary starting the early part of January 2026. We are still awaiting information regarding the new QAF program, which typically provides supplemental funding during the first quarter of the new fiscal year.



August 2025 Financial Report
Big Bill Impacts as of August 2025

- Starting point for projection was FY26 operational budget at break-even net income and sufficient cash flow for capital. No changes were made to operations (COLA, CPI, etc.) except for the Big Bill; however, Strata implementation will allow AHS to accomplish multi-year financial planning.
- Center for Operational Transformation (COT) is developing initiatives and action plans to ensure the ongoing viability for AHS.
- Big Bill estimates included in the projection as follows.

		As of June 30 of each fiscal year			
		BUDGET 2026	PROJECTED 2027	PROJECTED 2028	PROJECTED 2029
Adjustments since Board-approved budget	Utilize limited DP-NF Pass-Through Funds (3-year program)	0	26,000		
	EPP Payment Acceleration (DHCS notified Jul 4, 2025)		44,085	1,539	1,592
	Subtotal Other Adjustments	**0**	**70,085**	**1,539**	**1,592**
Big Bill impacts - federal actions	Medicaid Work Requirements				
	...Work requirements increasing uncompensated care	0	(7,929)	(23,787)	(23,787)
	...Work requirements decreasing patient utilization	0	(3,398)	(10,195)	(10,195)
	...Direct cost savings from decreased utilization	0	3,113	9,339	9,339
	...Work requirements reducing GME	0	(394)	(793)	(935)
	...reducing Rate-Range	0	0	0	(4,029)
	...reducing AB915, PNPP	0	0	(787)	(1,602)
	Subtotal Federal	0	(8,609)	(26,222)	(31,209)
	Reduction to Emergency Medicaid FMAP (Immigration-Related)	0	(5,833)	(10,000)	(10,000)
Big Bill impacts - state actions	State reductions to coverage & rates	(4,098)	(12,294)	(12,294)	(12,294)
	Reduction to AHS share of HQAF (Direct Grant)	(3,664)	(3,622)	(3,622)	(3,622)
	Subtotal State	(7,762)	(15,916)	(15,916)	(15,916)
	Total Big Bill impact	**(7,762)**	**(30,358)**	**(52,138)**	**(57,125)**
	Total Adjustments to NNB Forecast for CY	**(7,762)**	**39,727**	**(50,599)**	**(55,533)**
	Previous years cumulative impact	25,500	17,738	31,964	(18,657)
	Original NNB projection presented 6/11/25	(109,459)	(147,841)	(193,380)	(186,803)
	NNB, Ending Balance	**(91,721)**	**(90,376)**	**(212,015)**	**(260,993)**

ALAMEDA HEALTH SYSTEM

1411 East 31st Street
Oakland, CA 94602

MEMORANDUM

TO: AHS Finance Committee
FROM: Kim Miranda, CFO
DATE: September 26, 2025
SUBJECT: August 2025 Financial Report

Financial Summary

Net Income for the month was $5.7 million compared to a budget of $2.0 million and favorable to budget by $3.6 million and 179.9%. Operating Revenue was $138.0 million and favorable to budget by $3.1 million and 2.3%. Operating Expense was $132.0 million and favorable to budget by $0.8 million and 0.6%. Earnings before interest, depreciation, and amortization (EBIDA) were $8.3 million and the EBIDA Margin was 6.0% compared to a budget EBIDA of $4.7 million and a budget EBIDA Margin of 3.5%. For the month, EBIDA was favorable to budget by $3.6 million.

	August 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	$ 137,971	$ 134,917	$ 3,054	2.3%	$ 275,410	$ 272,635	$ 2,775	1.0%	$ 254,777	8.1%
Operating expense	131,960	132,776	816	0.6%	270,055	266,861	(3,194)	(1.2)%	253,845	(6.4)%
Operating income (loss)	**6,011**	**2,141**	**3,870**	**180.8%**	**5,355**	**5,774**	**(419)**	**(7.3)%**	**932**	**474.6%**
Other non-operating activity	(349)	(118)	(231)	(195.8)%	(668)	(268)	(400)	(149.3)%	(262)	(155.4)%
Net Income (loss)	**$ 5,662**	**$ 2,023**	**$ 3,639**	**179.9%**	**$ 4,687**	**$ 5,506**	**$ (819)**	**(14.9)%**	**$ 670**	**599.1%**
EBIDA adjustments	2,650	2,696	(46)		5,271	5,477	(206)		7,310	
EBIDA	**$ 8,312**	**$ 4,719**	**$ 3,593**		**$ 9,958**	**$ 10,983**	**$ (1,025)**		**$ 7,980**	
Operating Margin	4.4%	1.6%	2.8%		1.9%	2.1%	(0.2)%		0.4%	
EBIDA Margin	6.0%	3.5%	2.5%		3.6%	4.0%	(0.4)%		3.1%	

Net Income year-to-date (YTD) was $4.7 million compared to a budget of $5.5 million and unfavorable to budget by $0.8 million and 14.9%. Operating Revenue was $275.4 million and favorable to budget by $2.8 million and 1.0%. Operating Expense was $270.1 million and unfavorable to budget by $3.2 million and 1.2%. EBIDA was $10.0 million and the EBIDA Margin was 3.6% compared to the budget EBIDA of $11.0 million and a budget EBIDA Margin of 4.0%. For the year, EBIDA is unfavorable to budget $1.0 million.

Operating Revenue

	August 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	$ 220,820	$ 218,948	$ 1,872	0.9%	$ 441,383	$ 438,682	$ 2,701	0.6%	$ 424,352	4.0%
Outpatient service revenue	156,845	149,280	7,565	5.1%	314,034	299,475	14,560	4.9%	290,153	8.2%
Professional service revenue	40,330	41,702	(1,372)	(3.3)%	81,912	86,232	(4,321)	(5.0)%	79,622	2.9%
Gross patient service revenue	417,995	409,930	8,065	2.0%	837,329	824,389	12,940	1.6%	794,127	5.4%
Deductions from revenue	(337,793)	(329,797)	(7,996)	(2.4)%	(675,998)	(663,237)	(12,761)	(1.9)%	(640,733)	5.5%
Net patient service revenue	**80,202**	**80,133**	**69**	**0.1%**	**161,330**	**161,151**	**179**	**0.1%**	**153,394**	**(5.2)%**
Collection % - NPSR	19.2%	19.5%	(0.3)%		19.3%	19.5%	(0.2)%		19.3%	
Capitation and HPAC	4,479	4,549	(71)	(1.6)%	8,973	9,096	(123)	(1.4)%	9,114	(1.6)%
Other government programs	45,101	45,415	(314)	(0.7)%	90,424	90,830	(406)	(0.4)%	80,913	11.8%
Other operating revenue	8,189	4,820	3,369	69.9%	14,683	11,557	3,126	27.1%	11,356	29.3%
Total operating revenue	**$ 137,970**	**$ 134,917**	**$ 3,052**	**2.3%**	**$ 275,410**	**$ 272,634**	**$ 2,776**	**1.0%**	**$ 254,777**	**8.1%**

Gross Patient Service Revenue (patient charges) was $418.0 million for the month and favorable to budget by $8.1 million and 2.0%. Inpatient and Outpatient charges were above budget by 0.9% and 5.1%, respectively, and Professional Fee charges fell below budget by 3.3%. For the year, Gross Patient Service Revenue was was $837.3 million and favorable to budget by $12.9 million and 1.6%. Inpatient and Outpatient charges were above budget by 0.6% and 4.9%, respectively, and Professional Fee charges fell below budget by 5.0%. Inpatient charges were slightly above budget for the month, and year driven by higher discharges, trauma cases and lower length of stay (LOS). Charges tend to be higher on the first days of admission. General Acute Length of Stay (LOS) is 4.7 for the month and year which is better than plan and prior year. The case mix index (CMI) was below budget for the month and year consistent with lower LOS. CMI is an indicator of the overall complexity of inpatient illness and services being provided. The favorable outpatient charge variance for the month and year were driven by Emergency Room visits which exceeded budget by 9.6% and 8.4%, respectively. Outpatient surgeries were below budget for the month and for the year. Professional Fees were unfavorable due to lower Clinic visits which are below budget by 2,229 and 6.1% for the month and 7.5% for the year. Eastmont Dental visits are 867 below budget for the month and 1,959 YTD due to slower expansion ramp up and budget timing. Physician wRVU were above budget by 15.1% for the month and 14.2% for the year driven by hospital services. Overall, adjusted patient days were slightly lower than budget for the month and year. Adjusted discharges exceed budget by 5.4% for the month and 5.3% for the year.

Net Patient Revenue

Net Patient Service Revenue (NPSR) was $80.2 million for the month and consistent with the budget. YTD, NPSR was $161.3 million also consistent with budget. The collection ratio was 19.2% for the month and 19.3% for the year and unfavorable to budget by 0.3% and 0.2%, respectively. The commercial payer mix was unfavorable, and Government and Alliance contract increases have not been realized, and were spread evenly in the budget, partially offset by higher volumes. Trauma cases exceeded budget by 51 in the month which may improve the commercial payer mix once the account information is complete and billed. Collections on fully reserved accounts (over 270 days) were consistent with the trend.

Other Government Program Revenue

Other Government Program Revenue for the month was $45.1 million and unfavorable to budget by $0.3 million and 0.7% based on the transactions below.

- Prop 57 lower than budget by $0.2 million. The budget was based on FY25 receipts that included an overpayment from Alameda Alliance. It is anticipated that this unfavorable variance will continue for the remainder of the fiscal year.
- The remaining variance, netting to a negative $0.1 million, is spread across several programs.

For the year, the Other Government Program Revenue is $90.4 million and unfavorable to budget by $0.4 million and 0.4% based on the transactions below.

- Prop 57 lower than budget by $0.3 million.
- The remaining variance, netting to a negative $0.1 million, is spread across several programs.

Other Operating Revenue

Other Operating Revenue for the month was $8.2 million and favorable to budget by $3.4 million and 69.9% based on the transactions below.

- Grant revenue was unfavorable from timing differences ($0.5 million).
- Retail pharmacy revenue was favorable ($0.6 million).
- Payor settlement received on older patient accounts ($3.1 million).
- St. Rose Hospital management fee ($0.3 million) which was not included in the budget.

For the year, Other Operating Revenue was $14.7 million and favorable by $3.1 million and 27.1% based on the transactions below.

- Grant revenue unfavorable from timing differences ($0.4 million).
- Retail pharmacy revenue unfavorable ($0.3 million).
- Payor settlement received on older patient accounts ($3.1 million).
- St. Rose Hospital management fee ($0.6 million) which was not included in the budget.

Operating Expense

	August 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	$ 100,177	$ 98,466	$ (1,711)	(1.7)%	$ 204,239	$ 200,290	$ (3,949)	(2.0)%	$ 189,824	(7.6)%
Physician contract services	3,739	3,463	(276)	(8.0)%	7,566	7,061	(505)	(7.2)%	6,888	(9.8)%
Purchased services	8,261	9,119	858	9.4%	16,947	17,101	154	0.9%	15,771	(7.5)%
Materials and supplies	11,652	13,524	1,872	13.8%	24,797	26,336	1,539	5.8%	23,523	(5.4)%
Facilities	3,552	3,145	(407)	(12.9)%	7,262	5,972	(1,290)	(21.6)%	5,866	(23.8)%
Depreciation and amortization	2,292	2,565	273	10.6%	4,582	5,183	601	11.6%	7,022	34.7%
General and administrative	2,287	2,494	207	8.3%	4,662	4,918	256	5.2%	4,951	5.8%
Total operating expense	**$ 131,960**	**$ 132,776**	**$ 816**	**0.6%**	**$ 270,055**	**$ 266,861**	**$ (3,194)**	**(1.2)%**	**$ 253,845**	**(6.4)%**

Operating Expense was $132.0 million for the month and favorable to budget by $0.8 million and 0.6%. Labor costs and Physician contract services are discussed in a subsequent section. Non-labor expense variances net to a favorable variance of $2.5 million for the month as follows.

- Purchased services for the month were favorable to budget by $0.9 million and 9.4% driven by favorable variance in outside medical services ($0.7 million), software licenses ($0.4 million) offset by unfavorable variance ($0.2 million) across various departments.
- Materials and supplies were favorable to budget by $1.9 million and 13.8% driven by favorable variances in pharmaceutical ($0.5 million), surgical supplies ($0.4 million), other medical supplies ($0.4 million), supplies rebates ($0.3 million), and non-medical supplies ($0.2 million). Retail pharmacy has a favorable variance ($0.1 million).
- Facilities for the month were unfavorable to budget by $0.4 million and 12.9% driven by timing of building/equipment repairs ($0.8 million) and rental lease facilities ($0.1 million) offset by favorable utilities in electricity ($0.3 million), water ($0.2 million) and telephones ($0.1 million). Most of the repair variance was for Highland Hospital ($0.4 million).
- Depreciation and amortization were favorable to budget by $0.3 million and 10.6% driven by budget timing for equipment depreciation ($0.5 million) offset by higher lease/software amortization ($0.2 million).
- General and administrative costs were favorable to budget by $0.2 million and 8.3% driven by favorable variance for timing of recruitment vendor ($0.2 million).

For the year, Operating Expense was $270.1 million and unfavorable to budget by $3.2 million and 1.2%. Labor costs and Physician contract services are discussed in a subsequent section. Non-labor expense variances net to a favorable variance of $0.8 million as follows.

- Purchased services were favorable to budget by $0.2 million and 0.9% driven by favorable variances in outside medical services ($0.6 million) offset by unfavorable variance ($0.2 million) spread across various departments and billing/collection fees ($0.2 million) related to payor settlement.
- Materials and supplies were favorable to budget by $1.5 million and 5.8% driven by favorable variances in pharmaceuticals ($0.8 million), medical supplies ($0.5 million), non-medical supplies ($0.3 million), surgery supplies ($0.1 million) offset by an unfavorable variance for retail pharmaceuticals ($0.2 million). Retail pharmacy continues to a favorable profit margin as discussed as part of Other Operating Revenue.
- Facilities were unfavorable to budget by $1.3 million and 21.6% driven by unfavorable variances for facility repairs ($1.2 million) and equipment repairs ($0.4 million) offset by a favorable variance for utilities ($0.3 million). Many of the invoices were for services in the prior fiscal year and will be reviewed during the FY2025 audit for a possible journal entry.
- Depreciation and amortization were favorable to budget by $0.6 million and 11.6% driven by favorable variance from timing of equipment depreciation ($0.9 million). Offset by higher than anticipated amortization of leases and software agreements ($0.3 million).
- General and administrative costs were favorable to budget by $0.3 million and 5.2% driven by favorable variance for timing of recruitment ($0.2 million) and insurance ($0.1 million).

Labor Costs

Labor costs for the month were $100.2 million and unfavorable to budget $1.7 million and 1.7%. YTD, labor costs were $204.2 million and unfavorable to budget by $3.2 million and 1.2%. Total staff, physician and registry wages for the month were unfavorable to budget by $0.5 million and 0.7% driven by higher FTE volume (134 FTEs/$2.0 million) and lower rates ($1.5 million). YTD, higher wages than budget by $1.2 million from higher FTE volume (82 FTEs/$2.5 million) and lower rates ($1.3 million). AHS continues to roll out UKG timekeeping to registry. At this point, timing differences occur between when invoices are paid, and the hours included to calculate FTE causing variances for the month.

	August 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	$ 61,465	$ 59,403	$ (2,062)	(3.5)%	$ 125,137	$ 121,305	$ (3,832)	(3.2)%	$ 114,705	(9.1)%
Salaries and wages (physicians)	10,233	11,140	907	8.1%	20,873	22,455	1,582	7.0%	20,402	(2.3)%
Registry	3,653	4,260	607	14.2%	7,487	8,545	1,058	12.4%	8,429	11.2%
Employee benefits (taxes, insurance)	16,503	15,484	(1,019)	(6.6)%	33,677	31,257	(2,420)	(7.7)%	30,315	(11.1)%
Retirement	8,323	8,179	(144)	(1.8)%	17,065	16,728	(337)	(2.0)%	15,973	(6.8)%
Total labor costs	**$ 100,177**	**$ 98,466**	**$ (1,711)**	**(1.7)%**	**$ 204,239**	**$ 200,290**	**$ (3,949)**	**(2.0)%**	**$ 189,824**	**(7.6)%**
Compensation ratio	72.6%	73.0%	0.4%		74.2%	73.5%	-0.7%		74.5%	
Paid FTEs	5,124	4,990	(134)	(2.7)%	5,160	5,078	(82)	(1.6)%	5,071	(1.8)%

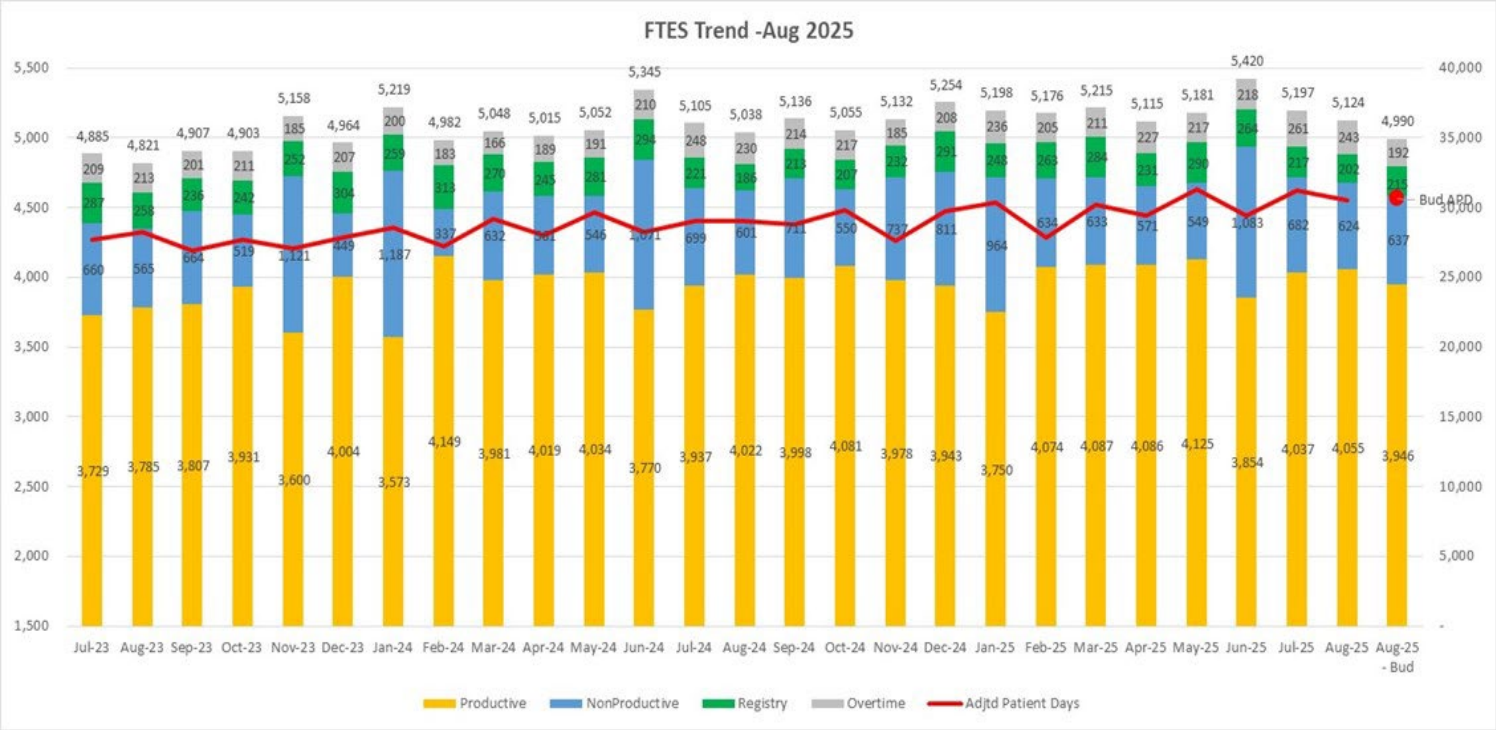
Physician contract services were over budget by $0.3 million for the month and $0.5 million for the year. Specialties with the largest variances for both the month and year were ED, General Surgery, GME and Hospitalists. Next month, the format for employed and contracted physician wages will reflect combined variances to provide a more accurate picture of physician costs to budget.

Employee benefits were unfavorable, $1.0 million and 6.6% for the month driven by self-funded health insurance ($1.5 million), workers compensation ($0.2 million) offset by positive variance in FICA ($0.3 million), Kaiser insurance plan ($0.2 million), and other benefits ($0.2 million). YTD, employee benefits were unfavorable to budget by $2.4 million and 7.7% driven by self-funded health ($3.2 million), workers compensation ($0.2 million) offset by positive variances for FICA ($0.3 million), Kaiser insurance plan ($0.5 million) and other benefits ($0.2 million).

Retirement was unfavorable, $0.1 million and 1.8% from ACERA ($0.3 million) offset by positive variances for other AHS retirement plans ($0.2 million). YTD, retirement expense was unfavorable $0.3 million and 2.0% from ACERA ($0.6 million) offset by positive variances for other AHS plans ($0.3 million).

FTE Trending

For the month, Paid FTE was 5,124 compared to a budget of 4,990 which was unfavorable to budget by 134 and 2.7%. The FTE trend graph below reflects paid FTE and adjusted patient days (Total Gross Revenues / Inpatient Revenues = Outpatient Factor x Patient Days) by the month beginning in July 2023. Adjusted patient days (red line) were below budget the month. The bars reflect Paid FTE for each month and are stacked to include each paid labor component represented by color within the bars. The current month's actual results and budget are reflected in the last columns on the right of the graph. For the month, overtime (grey) and productive (yellow) exceeded budget resulting in an unfavorable FTE variance. Non-productive (blue) and registry were below budget.



Balance Sheet and Financial Condition

The Balance Sheet key financial metrics are reflected in the table below.

	Aug-25	Jul-25	FY 2025
Days in cash	1.8	3.1	1.2
Gross days in patient receivable	62.0	65.1	62.4
Net days in patient receivable	44.7	46.4	45.5
Due from/(to) third-party payors	$ 220,760	$ 156,041	$ 154,653
Due from/(to) County	$ (25,188)	$ 33,290	$ 39,481
Days in accounts payable	35.0	32.5	38.1
% of AP over 60 days	3.0%	5.6%	10.6%
Net position - fund balance/(deficit)	$ (55,411)	$ (61,072)	$ (60,267)
Net negative balance - receivable/(payable)	$ 4,834	$ (5,367)	$ 26,631

Days in Cash

Days in Cash are low as all AHS cash receipts are swept to the County Treasury. The Days in Cash can fluctuate based on timing of cash draws from the County treasury and timing of vendor payments and payroll.

Accounts Receivable (AR)

The Gross Days in AR were 62.0 days and 3.1 days lower than last month due to higher cash receipts. Net Days in AR were 44.7 and 1.7 days lower than the previous month from lower net revenue per calendar day by 0.2%. The calculation reflects 90 days versus actual days for the quarter to standardize the calculation. Utilizing a 90-day period does lead to more fluctuations. Key updates on work in progress within Revenue Cycle are noted below:

- Settlements through arbitration using Sac Law continue to support GRIT. In August, a settlement of $3.1 million was received and recorded as other operating income due to the age of the patient accounts.

Patient collections are reflected in the table below. Behavioral Health represents the County receipts under contract for JGP services which total $40.6 million. AHS and the County executed the 2nd amendment in May 2025 increasing the FY2024 contract total from $61.2 million to $73.6 million. All remaining funds were paid in August 2025. Payments under the FY2025 contract which was also amended to increase the maximum from $49.2 to $74.2M, total $73.3 million through June 2025. As a reminder the FY2023 contract was $72.1 million, and AHS accrued at this higher level of reimbursement, which is now supported by the recent amendments. The FY 2026 contract is pending.

PATIENT COLLECTIONS
(in thousands)

	Behavioral Health	Epic	Total FY 2026	FY 2025	FY 2024	FY 2023	FY 2022
Jul	11,928	67,883	79,811	72,694	79,592	74,260	59,732
Aug	28,651	82,136	110,787	79,768	69,313	58,590	57,374
Sep	-	-	-	69,741	63,322	76,063	61,968
Oct	-	-	-	76,783	63,122	59,796	49,923
Nov	-	-	-	78,747	57,781	56,939	52,057
Dec	-	-	-	94,631	63,867	67,018	68,121
Jan	-	-	-	89,014	68,757	71,452	62,292
Feb	-	-	-	68,511	75,852	57,886	52,269
Mar	-	-	-	91,851	54,720	65,320	62,888
Apr	-	-	-	74,892	61,895	55,307	56,235
May	-	-	-	74,339	102,015	63,795	69,591
Jun	-	-	-	72,211	71,208	70,027	53,187
Total	**40,579**	**150,019**	**190,598**	**943,182**	**831,444**	**776,453**	**705,637**
	% change between fiscal years		25.0%	13.4%	7.1%	10.0%	

Accounts Payable
Days in Accounts Payable are 35.0 at the end of the month and increased 2.5 days over the prior month from timing of recurring check runs versus the last day of the calendar month and resolution of ongoing implementation issues with OnBase. The Percent over 60 Days is 3.0% and is below the 5% target. Purchasing and Accounts Payable teams are making positive progress resolving older invoices held in work queues.

Supplemental Program Revenue Receivable/Payable
The information presented in the table below provides subsidiary information for Supplemental Program receivables and payables on the Balance Sheet. The net receivable balance for Supplemental Programs is $220.8 million, which increased $64.7 million over last month. Key items are noted below.

- Payment received for GME FY2026 Q1 ($8.8 million).
- Payment for Medi-Cal P14 FY2019 Final Settlement recoupment ($3.2 million).
- IGT funded for EPP CY2023 July-December ($18.2 million).
- IGT funded for QIP CY2024 ($21.6 million).
- Minor cost report adjustments and monthly accruals ($30.5 million).

Estimates are necessary to record supplemental income because the ultimate amount that may be collected under the program is uncertain, dependent on costs for services that were ultimately provided, quality metrics achieved, Medi-Cal enrollment, and our ability to identify and claim related costs. The timing of receipts and payments is critical because these cashflows affect the NNB under our Line of Credit with the County. Nearly half of AHS annual revenue comes from supplemental funding.

AHS has significant liability estimates dating back more than 5 years as reflected at the bottom of the schedule. They include the old Medi-Cal Waiver, AB915, Physician SPA and Highland FQHC. Notification of FY2011 Waiver settlement was received in June 2025 from DHCS and adjustments were booked in June to eliminate the reserves ($4.8 million) and recognize receivable ($27.6 million). The result was a favorable pick up of $32.4 million. The preliminary settlement schedule varied from trend which warranted the reserve. However, when the pool finally settled among all the public hospital systems, the preliminary data proved to be valid. Also, AB915 was added to the section for FY2014 through FY2020 as the program audits are delayed by the State. The total estimated amount due is $54.4 million.

Net Reimbursement Supplemental Programs
as of 8/31/2025

Programs	FY97-20	FY21-25	FY26	Net Balance	Comments
Medicare Cost Report	(1,617)	(4,676)	(111)	(6,403)	Older years pending disputed SSI ratio and outlier holds for both OPPS/IPPS services from CMS.
Medi-Cal P14 Waiver	4,225	(1,680)	(1,477)	1,069	P14 audits are in various stages of completion. Currently DHCS has finalized up to FY19.
Current Waiver (GPP & CalAIM)	-	(5,618)	16,807	11,188	Global Payment Program (GPP) subsidizing remaining uninsured. GPP extended to 2026 as CalAIM.
AB85 Realignment	0	(86,817)	-	(86,817)	Realignment reserves for HPAC amendment passing through the County for physical health for Medi-Cal and Indigent populations.
Physician SPA	(6,000)	3,842	1,890	(268)	Reconciliation based on P14 utilization file with the State. FY14-FY16 Finalized. Catch-up ACA interim payments began during FY22.
FQHC	(7,922)	(15,405)	(833)	(24,161)	Negotiating settlement for a new FQ rate. The difference between the new FQ rate and FFS rate will determine the settlement for the impacted years. AHS started FQ billing in March 2022.
Medi-Cal Managed Care EPP	0	129,173	11,288	140,462	EPP (Enhanced Payment Program). New supplemental program for services provided to Medi-Cal Managed Care.
Medi-Cal Managed Care QIP	0	128,177	13,283	141,461	QIP (Quality Incentive Program). New supplemental program for services provided to Medi-Cal Managed Care.
Medi-Cal Managed Care Rate Range	(0)	74,117	4,317	78,433	Subsidize rates for Medi-Cal Managed Care members in Alameda County.
Medi-Cal Managed Care GME	0	5,935	(744)	5,191	CMS approved in March 2020. GME is paying concurrently with fiscal year.
Medi-Cal Managed Care DP-NF Pass-Through	-	4,299	-	4,299	New payment program assisting AHS with LTC carve-in from FFS to managed care, time-limited CY2023 through CY2025. CY2023 disclosed and received Jan 2025.
Medi-Cal SNF Cost Settlement	0	1,967	70	2,037	The State began their reconciliation.
AB915	-	2,353	1,468	3,821	AB915/Medi-Cal Hospital OP cost settlement. DHCS began reconciling older years during FY23.
All Other Supplemental Programs	0	3,643	1,240	4,883	Hospital Fee, NDPH & P4P programs
Subtotal	**$ (11,313)**	**$ 239,311**	**$ 47,198**	**$ 275,195**	
Old Waiver (FY11 & FY12)	27,565	0	0	27,565	FY11 & FY12 will be finalized by December 2025.
AB915 (FY14-FY20)	(17,000)	0	0	(17,000)	FY14-FY20 Reserve pending on audits.
Physician SPA (FY08-12)	(25,000)	0	0	(25,000)	FY13 final settled.
FQHC (FY12-18)	(40,000)	0	0	(40,000)	Negotiating settlement for Highland FQ clinics is pending for HGH K-6 clinic.
Subtotal	**$ (54,435)**	**$ -**	**$ -**	**$ (54,435)**	
Grand Total	**$ (65,749)**	**$ 239,311**	**$ 47,198**	**$ 220,760**	

Net County Receivable and Payable

Due To/From County of Alameda	Aug-25	Jul-25	FY 2025
Due from County of Alameda	$ 24,799	$ 45,740	$ 45,740
Capital designation receivable	7,000	7,000	7,000
Due from County of Alameda	**31,799**	**52,740**	**52,740**
Due to County of Alameda	(2,879)	(2,379)	(2,379)
County IGT funding	(43,229)	-	-
Capital cost payable	(10,880)	(10,880)	(10,880)
Due to County of Alameda	**(56,988)**	**(13,259)**	**(13,259)**
Net due from/(to) County	**$ (25,189)**	**$ 39,481**	**$ 39,481**

The net County receivable and payable due under arrangements with the County are reflected as part of the Due to and Due From accounts reported on the Balance Sheet as follows:

- The County receivable includes the HPAC contract, John George Pavilion (JGP) services agreement and grants.
- The Capital Designation receivable reflects reimbursement expected from the County ($7 million per year) to help fund the Sapphire project. An annual invoice is sent to the County after AHS transfers the funds, and certain contractual requirements are met at the end of the fiscal year. The FY2025 invoice was submitted to the County in June 2025.
- Inter-government transfers (IGT) are ongoing to draw down federal supplemental funding and once they have received the funds are returned to the County.
- The Capital Cost Transfer reflects a payable based on the balance remaining on open cost report settlements associated with County owned buildings ($10.9 million). AHS transfers cost reimbursement estimates to the County each year and AHS has the contractual ability to benefit from these funds to help maintain and invest in County owned facilities. In May 2024, the County accessed $1.2 million to pay for an emergency transformer on the Fairmont campus. AHS is working with the County to develop a workflow to allow AHS to capture costs for future cost reimbursement.

Net Position

The Net Position or Fund Balance of AHS as of August 31, 2025, is negative $55.4 million, which improved $5.7 million over last month reflecting the net income for the month.

Net Negative Balance

The Net Negative Balance (NNB) or Line of Credit with the County is $4.8 million receivable on August 31, 2025 and remains compliant with the terms of the Permanent Agreement. The Working Capital Loan is reported on the Balance Sheet as a long-term liability labeled "Liquidity Facility – County of Alameda." To calculate the NNB, the Liquidity Facility ($22.3 million payable) decreased by the County Restricted Cash Fund ($27.1 million) which is included in Cash.

Contingencies

John George Pavilion (JGP)

The County continues to struggle with the implementation of new software, SmartCare, which has delayed billing. JGP technical services have been input into SmartCare to be billed and paid for by the State although AHS has not received any information from the County on denials or payments they have received. AHS and the County partnered to determine appropriate billing of professional fees, which under this new system are payable separate from technical services for the first time. There is a twelve-month timely filing requirement to submit claims. The County has indicated it will ensure claims are paid even if the timely filing deadline means they cannot be federally matched. The County is paying claims consistently with the FY2023 maximum contract amount of $72.1 million; however, they are withholding approximately 20% pending resolution with the State. AHS has no information on the status of these claims or if more adequate funding will happen. AHS and the County are currently working to execute the FY2026 contract which is expected to increase funding.

Highland Federally Qualified Healthcare Center (FQHC) Settlement

The State reached out to AHS inquiring about a new application that AHS submitted to establish the dental clinic located at Highland as a new FQHC. The State wanted to understand the new application request which started a conversation that ultimately resulted in the State verbally agreeing AHS could resume billing previous service locations on the Highland campus as FQHC. AHS began billing as an FQHC for these service locations on March 1, 2022. AHS and the State started negotiations on a retroactive settlement going back to the FY2012 filing made by AHS to establish an FQHC rate. Once the negotiations progress to a point where a new estimate can be determined, AHS will adjust the current liability on the balance sheet. AHS currently has a pending recoupment of $40.0 million. AHS is being paid at the historical Highland FQ rate for the additional service locations until the new rate is finalized.

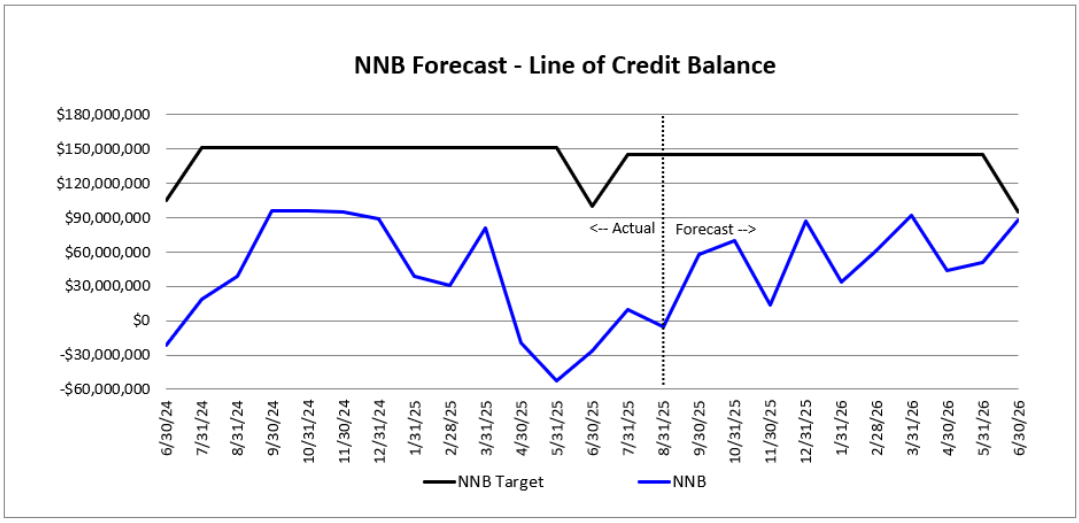
Line of Credit (Net Negative Balance) Forecast

The Line of Credit Balance or the Net Negative Balance (NNB) held with the County is forecasted in the line graph below through June 30, 2026 for planning purposes. AHS is currently forecasting that the NNB will be compliant with the terms of the agreement with the County which limits the NNB to $95.0 million on June 30, 2026. The forecast reflects AHS operations consistent with the approved budget and the forecast updates as actual activity is reflected in the cashflow model. The forecasted NNB on August 31, 2025 was consistent with previous month's forecast.

As a reminder, the intent was to preserve SNF DP-NF funds for future investments or to establish reserve fund since these funds are not expected to continue beyond the three-year period (CY23-CY25). However, the Trustees approved the use of these funds to cover the projected NNB shortfall expected June 30, 2026 as part of the annual budget approval. In addition, the approved budget did not contemplate St. Rose Hospital (SRH) funding requirements.

Material items impacting the NNB are summarized in the table below. The top portion of the table provides expected cash flow from sizable items included in NNB forecast.

- GPP CY2025 Q2 increased from $25.7 million to $26.5 million.
- SRH use of the line of credit is excluded from the AHS forecast.
- SRH will need support to maximize the FY26 IGT funding, which is not included in the AHS forecast.
- SRH budget planning is underway for FY2026.



The bottom portion of the table below reflects older year's liability estimates which are not included in the forecast (blue line) due to unknown timing for resolution. However, notice was received from DHCS that the FY11 Waiver settlement would be favorable resulting in a pickup of $29.2 million expected in November which is incorporated in the cashflow forecast. AB915 for FY2014 through FY2020 was added to the schedule because program review for these fiscal years was delayed by the State ($17.0 million). The Federal Qualified Health Center (FQHC) recoupment is a conservative settlement estimate based on the difference between reimbursement rates for services provided at Highland campus locations that were considered qualified and subsequently denied by the State. AHS is in current discussions with the State and once an agreement is reached with the State the FQHC liability will be adjusted Lastly, Physician SPA reconciliations are delayed because the State is having difficulty obtaining claim data.

Material Items Included in NNB Forecast
(in thousands)

	Oct-25	Nov-25	Dec-25	FY26 Q3	FY26 Q4
GPP (quarterly)	$ 26,537	$ -	$ -	$ 25,700	$ 25,700
EPP (semi-annual)	21,000	-	-	-	21,000
QIP	34,364	-	-	-	34,364
Medi-Cal Rate Range	-	-	-	42,700	-
Medi-Cal Waiver (fy11)	-	29,169	-	-	-
BHCS (JGP/Alameda County) - fy25	-	-	-	-	-
BHCS (JGP/Alameda County) - fy26	6,084	6,084	6,084	18,251	18,251
BHCS (JGP/Alameda County) - fy27	-	-	-	-	-
HPAC	-	10,800	-	10,800	21,600
AB85 Realignment	(41,670)	-	-	-	-
SNF DP-NF	-	-	-	25,797	-
St. Rose Hospital LOC	-	-	-	-	-
Donation to St. Rose Hospital	-	-	-	-	-
	$ 46,315	$ 46,053	$ 6,084	$ 123,248	$ 120,915

Prior Year Reimbursement Settlements

Waiver recoupment (fy11)	$ 29,169	Payment expected in Nov-25
AB915 (fy14-fy20)	(17,000)	TBD
Medi-Cal FQHC recoupment (fy08 - fy13)	(40,000)	TBD
Physician SPA (fy08 - fy13)	(25,100)	TBD
	$ (52,931)	

ALAMEDA HEALTH SYSTEM (consolidated)
Statement of Revenues and Expenses
For the Period Ended August 31, 2025
(In Thousands)

	August 2025				Year-To-Date				FY 2025		
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance	YTD	Variance	% Variance
Operating revenue											
Net patient service revenue	$ 80,202	$ 80,133	$ 69	0.1%	$ 161,330	$ 161,152	$ 178	0.1%	$ 153,394	$ 7,936	5.2%
Capitation revenue	4,479	4,549	(70)	(1.5)%	8,973	9,096	(123)	(1.4)%	9,114	(141)	(1.5)%
Other government programs	45,101	45,415	(314)	(0.7)%	90,424	90,830	(406)	(0.4)%	80,913	9,511	11.8%
Other operating revenue	8,189	4,820	3,369	69.9%	14,683	11,557	3,126	27.0%	11,356	3,327	29.3%
Total operating revenue	**137,971**	**134,917**	**3,054**	**2.3%**	**275,410**	**272,635**	**2,775**	**1.0%**	**254,777**	**20,633**	**8.1%**
Operating expense											
Labor costs	100,177	98,466	(1,711)	(1.7)%	204,239	200,290	(3,949)	(2.0)%	189,824	(14,415)	(7.6)%
Physician contract services	3,739	3,463	(276)	(8.0)%	7,566	7,061	(505)	(7.2)%	6,888	(678)	(9.8)%
Purchased services	8,261	9,119	858	9.4%	16,947	17,101	154	0.9%	15,771	(1,176)	(7.5)%
Materials and supplies	11,652	13,524	1,872	13.8%	24,797	26,336	1,539	5.8%	23,523	(1,274)	(5.4)%
Facilities	3,552	3,145	(407)	(12.9)%	7,262	5,972	(1,290)	(21.6)%	5,866	(1,396)	(23.8)%
Depreciation and amortization	2,292	2,565	273	10.6%	4,582	5,183	601	11.6%	7,022	2,440	34.7%
General and administrative	2,287	2,494	207	8.3%	4,662	4,918	256	5.2%	4,951	289	5.8%
Total operating expense	**131,960**	**132,776**	**816**	**0.6%**	**270,055**	**266,861**	**(3,194)**	**(1.2)%**	**253,845**	**(16,210)**	**(6.4)%**
Operating income (loss)	**6,011**	**2,141**	**3,870**	**180.8%**	**5,355**	**5,774**	**(419)**	**(7.3)%**	**932**	**4,423**	**474.6%**
Non-operating activity											
Interest income (expense)	(358)	(131)	(227)	(173.3)%	(689)	(294)	(395)	(134.4)%	(288)	(401)	(139.6)%
Other nonoperating revenue	9	13	(4)	(30.8)%	21	26	(5)	(19.2)%	26	(5)	(19.2)%
Total non-operating activity	**(349)**	**(118)**	**(231)**	**(195.8)%**	**(668)**	**(268)**	**(400)**	**(149.3)%**	**(262)**	**(406)**	**(155.4)%**
Net income (loss)	**$ 5,662**	**$ 2,023**	**$ 3,639**	**179.9%**	**$ 4,687**	**$ 5,506**	**$ (819)**	**(14.9)%**	**$ 670**	**$ 4,017**	**599.1%**
EBIDA adjustments											
Interest income (expense)	358	131	227		689	294	395		288	401	
Depreciation and amortization	2,292	2,565	(273)		4,582	5,183	(601)		7,022	(2,440)	
Total EBIDA adjustments	2,650	2,696	(46)		5,271	5,477	(206)		7,310	(2,039)	
EBIDA	**$ 8,312**	**$ 4,719**	**$ 3,593**		**$ 9,958**	**$ 10,983**	**$ (1,025)**		**$ 7,980**	**$ 1,978**	

ALAMEDA HEALTH SYSTEM (consolidated)
Balance Sheet
As of August 31, 2025
(In Thousands)

	Current Month	Prior Month	FYE 2025
ASSETS			
Cash & cash equivalents	$ 7,430	$ 13,538	$ 14,556
Patient account receivables, net	102,855	107,502	101,401
Due from third-party payors	409,009	347,867	346,479
Due from County of Alameda	31,799	50,672	52,740
Due from State of California	25,711	26,018	25,635
Inventories	12,545	12,506	12,267
Other current assets	24,414	22,433	17,592
TOTAL CURRENT ASSETS	**613,763**	**580,536**	**570,670**
Restricted cash equivalents	27,133	27,133	27,133
Right-to-use lease assets, net	30,358	30,981	31,604
Right-of-use subscription assets, net	4,655	4,853	5,050
Capital assets - nondepreciable	9,021	9,021	9,021
Capital assets - depreciable, net	128,745	128,918	129,675
TOTAL NONCURRENT ASSETS	**199,912**	**200,906**	**202,483**
DEFERRED OUTFLOWS OF RESOURCES	**105,415**	**105,415**	**105,415**
TOTAL ASSETS & DEFERRED OUTFLOWS	**$ 919,090**	**$ 886,857**	**$ 878,568**
LIABILITIES & NET ASSETS			
Accounts payable and accrued expenses	$ 75,862	$ 69,428	$ 79,162
Accrued compensation	42,223	46,287	63,953
Due to third-party payors	188,249	191,826	191,826
Due to County of Alameda	56,987	17,382	13,259
Other Payables	41,887	42,892	37,834
TOTAL CURRENT LIABILITIES	**405,208**	**367,815**	**386,034**
Liquidity facility - County of Alameda	22,299	32,500	502
Net pension obligation	369,662	369,662	369,662
Post employment benefit asset	43,255	43,255	43,255
Accrued compensated absences, net of current portion	22,604	22,604	26,667
Self-insurance liabilities, net of current portion	39,820	39,820	39,820
Lease obligations, net of current portion	28,647	29,192	29,739
Subscription obligations, net of current portion	1,843	1,918	1,993
Other long-term liabilities	0	0	0
TOTAL LONG TERM LIABILITIES	**528,130**	**538,951**	**511,638**
DEFERRED INFLOWS OF RESOURCES	**41,163**	**41,163**	**41,163**
Fund balance - capital contribution	86,635	86,635	86,466
Fund balance - prior years	(146,733)	(146,733)	(166,072)
Current year income/(loss)	4,687	(974)	19,339
FUND BALANCE	**(55,411)**	**(61,072)**	**(60,267)**
TOTAL LIABILITIES, DEFERRED INFLOWS, & FUND BALANCE	**$ 919,090**	**$ 886,857**	**$ 878,568**

ALAMEDA HEALTH SYSTEM (consolidated)
Statement of Cash Flows
For the Period Ended August 31, 2025
(in thousands)

	Current Month	Year-to Date	FYE 2025
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating income (loss)	$ 6,011	$ 5,355	$ 23,794
Depreciation and amortization	2,292	4,582	36,849
Net changes in operating assets and liabilities:			
Patient account receivables, net	4,647	(1,454)	4,695
Due from/to third-party payors	(64,719)	(66,107)	(9,320)
Due from/to County	58,478	64,669	(14,681)
Due from State	307	(76)	(1,371)
Inventory	(39)	(278)	(280)
Other current assets	(1,981)	(6,822)	30
Accounts payable and accrued expenses	6,433	(3,300)	(6,325)
Accrued compensation	(4,064)	(21,730)	7,686
Other current payables	(1,005)	4,053	5,192
Net pension liability	-	-	(56,345)
Other postemployment benefits obligations	-	-	4,881
Other long-term liabilities	-	(4,063)	5,936
Deferred outflows/inflows	-	-	51,010
Net cash provided by (used in) operating activities	**6,360**	**(25,171)**	**51,751**
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES			
Change in liquidity facility	(10,201)	21,797	(4,599)
Interest payments on working capital loan	370	741	4,402
Receipts of rental income	9	21	(253)
Net cash provided by (used in) noncapital financing activities	**(9,822)**	**22,559**	**(450)**
CASH FLOWS FROM CAPITAL AND FINANCING ACTIVITIES			
Purchase and construction of capital assets	(1,215)	(1,926)	(19,936)
Proceeds from disposals of capital assets	0	0	0
Repayment of other long-term liabilities	0	0	(2,783)
Payments of lease liabilies	(628)	(1,176)	(6,730)
Interest payments on lease liabilities	92	186	1,232
Payments of subscription obligations	(75)	(151)	(4,532)
Interest payments on subscription obligations	10	21	128
Capital contributions and transfers	-	169	1,015
Net cash provided by (used in) capital and financing activities	**(1,816)**	**(2,877)**	**(31,606)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest and investment income	(830)	(1,637)	(9,964)
Net cash provided by (used in) investing activities	**(830)**	**(1,637)**	**(9,964)**
CHANGES IN CASH AND CASH EQUIVALENTS	**(6,108)**	**(7,126)**	**9,731**
CASH AND CASH EQUIVALENTS, beginning of period	40,671	41,689	31,958
CASH AND CASH EQUIVALENTS, end of period	**$ 34,563**	**$ 34,563**	**$ 41,689**

ALAMEDA HEALTH SYSTEMS Volume Reports

ALAMEDA HEALTH SYSTEM

Month: August

	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Total Adjusted Patient Days	30,508	30,648	-140	-0.5%	61,744	61,498	247	0.4%	60,273	1,471	2.4%
Total Adjusted Discharges	2,766	2,625	141	5.4%	5,564	5,285	279	5.3%	5,208	355	6.8%
GENERAL ACUTE											
Patient Days	6,006	6,102	-96	-1.6%	12,039	12,475	-436	-3.5%	12,269	-230	-1.9%
Discharges	1,287	1,185	102	8.6%	2,575	2,407	168	7.0%	2,405	170	7.1%
Average Daily Census	193.7	196.8	-3.1	-1.6%	194.2	201.2	-7	-3.5%	197.9	-3.7	-1.9%
Average Length of Stay	4.7	5.1	0.4	8.5%	4.7	5.2	0.5	9.6%	5.1	-0.4	-7.8%
Adjusted Patient Days	11,389	11,388	1	0.0%	22,895	23,222	-327	-1.4%	22,838	58	0.3%
Adjusted Discharges	2,441	2,212	228	10.3%	4,897	4,480	417	9.3%	4,477	420	9.4%
CMI	1.530	1.607	(0.077)	-4.8%	1.570	1.654	(0.084)		1.653	-0.083	-5.0%
Emergency Visits	9,684	8,837	847	9.6%	19,087	17,601	1,486	8.4%	18,368	719	3.9%
Left Without Being Seen (LWBS)	562	576	14	2.4%	983	1,159	176	17.9%	1,282	299	30.4%
Trauma Cases	364	313	51	16.4%	659	626	33	5.2%	639	20	3.1%
Observation Equivalent Days	609	671	-62	-9.3%	1,305	1,399	-94	-6.7%	1,328	-23	-1.7%
Surgeries	682	724	-42	-5.8%	1,399	1,468	-69	-4.7%	1,598	-199	-12.5%
IP Surgeries	314	323	-9	-2.9%	643	683	-40	-5.9%	634	9	1.4%
OP Surgeries	368	400	-32	-8.1%	756	784	-28	-3.6%	964	-208	-21.6%
Deliveries	171	140	31	22.1%	324	281	43	15.2%	275	49	17.8%
PSYCH											
Psych Patient Days	2,008	2,071	-63	-3.0%	4,129	3,996	133	3.3%	4,033	96	2.4%
Psych Discharges	204	230	-26	-11.3%	417	444	-27	-6.0%	430	-13	-3.0%
Average Daily Census	64.8	66.8	-2	-3.0%	66.6	64.5	2.1	3.3%	65	1.5	2.4%
Average Length of Stay	9.8	9	-0.8	-8.2%	9.9	9	-0.9	-10.0%	9.4	-0.5	-5.6%
Adjusted Patient Days	2,473	2,518	-45	-1.8%	5,144	4,905	239	4.9%	4,966	178	3.6%
Adjusted Discharges	251	280	-28	-10.2%	520	545	-25	-4.6%	529	-10	-1.9%
PES Equivalent Days	692	748	-56	-7.5%	1,566	1,468	99	6.7%	1,468	99	6.7%
REHAB											
Rehab Patient Days	680	721	-41	-5.7%	1,353	1,420	-67	-4.7%	1,395	-42	-3.0%
Rehab Discharges	48	55	-7	-12.0%	106	107	-1	-1.3%	108	-2	-1.9%
Average Daily Census	21.9	23.3	-1.3	-5.7%	21.8	22.9	-1.1	-4.7%	22.5	-0.7	-3.0%
Average Length of Stay	14.2	13.2	0.9	7.2%	12.8	13.2	-0.5	-3.4%	12.9	-0.2	-1.2%
Adjusted Patient Days	680	721	-41	-5.7%	1,353	1,420	-67	-4.7%	1,395	-42	-3.0%
Adjusted Discharges	48	55	-7	-12.0%	106	107	-1	-1.3%	108	-2	-1.9%
Occupancy %	78%	83%	0%		78%	82%	0%		80%	0%	
Bed Holds	2	2	0	-7.0%	2	2	0	-7.0%	2	0	0.0%
Paid FTE	68	72	4	5.8%	69	72	2	3.1%	70	1	0.8%
Productive FTE	56	62	6	9.8%	59	61	2	3.1%	62	3	4.6%
Paid FTE per AOB	3.08	3.08	0	0.1%	3.18	3.12	-0.05	-1.7%	3.11	-0.07	-2.2%
Worked Hours per APD	14.5	15.1	0.7	4.3%	15.4	15.1	-0.3	-1.7%	15.6	0.3	1.6%
Worked Hours per AD	205	200	-5	-2.5%	196	200	4	1.8%	202	6	2.8%
SNF with Sub-Acute											
SNF Patient Days	8,488	8,546	-58	-0.7%	17,238	17,091	147	0.9%	16,791	447	2.7%
SNF Discharges	19	24	-5	-21.1%	34	48	-14	-29.4%	37	-3	-8.1%
Average Daily Census	273.8	275.7	-1.9	-0.7%	278	275.7	2.4	0.9%	270.8	7.2	2.7%
Average Length of Stay	446.7	355	91.7	25.8%	507	354.9	152.1	42.9%	453.8	53.2	11.7%
Adjusted Patient Days	8,744	8,563	181	2.1%	17,803	17,122	681	4.0%	17,303	500	2.9%
Adjusted Discharges	20	24	-5	-18.8%	35	48	-13	-27.2%	38	-3	-7.9%
Bed Holds	73	110	-37	-33.5%	46	207	-161	-77.8%	205	-159	-77.6%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	5,124	4,990	-134	-2.7%	5,160	5,078	-82	-1.6%	5,071	-89	-1.8%
Total Productive FTE	4,500	4,348	-151	-3.5%	4,507	4,395	-113	-2.6%	4,422	-86	-1.9%
Total Paid FTE per AOB	5.2	5.1	(0.2)	-3.2%	5.2	5.1	(0.1)	-1.2%	5.2	0.0	0.7%
Worked Hours Per APD	26.1	25.1	-1	-4.0%	25.9	25.3	-0.5	-2.1%	26	0.1	0.5%
Worked Hours Per AD	288	293	5	1.8%	287	295	8	2.6%	301	14	4.6%
Physician wRVU	130,830	113,651	17,180	15.1%	267,767	234,544	33,223	14.2%	246,849	20,918	8.5%
CLINIC / TELEHEALTH VISITS	34,299	36,528	-2,229	-6.1%	69,359	74,997	-5,638	-7.5%	69,436	-77	-0.1%
Clinic Visits	28,596	30,859	-2,263	-7.3%	57,772	63,125	-5,353	-8.5%	58,143	-371	-0.6%
Telehealth Visits	5,703	5,669	34	0.6%	11,587	11,872	-285	-2.4%	11,293	294	2.6%
FQHC Visits	28,951	31,138	-2,187	-7.0%	58,252	62,458	-4,206	-6.7%	57,663	589	1.0%
Clinic Visits	24,292	26,328	-2,036	-7.7%	48,827	52,479	-3,652	-7.0%	48,221	606	1.3%
Telehealth Visits	4,659	4,810	-151	-3.1%	9,425	9,979	-554	-5.6%	9,442	-17	-0.2%
Non-FQHC Visits	5,348	5,390	-42	-0.8%	11,107	12,539	-1,432	-11.4%	11773	-666	-5.7%
Clinic Visits	4,304	4,531	-227	-5.0%	8,945	10,646	-1,701	-16.0%	9,922	-977	-9.8%
Telehealth Visits	1,044	859	185	21.5%	2,162	1,893	269	14.2%	1,851	311	16.8%
PAYOR MIX											
Insurance %	7.1%	7.8%	-0.7%		6.6%	7.2%	-0.5%		7.0%	-0.4%	
Medi-Cal %	7.6%	10.7%	-3.1%		7.3%	10.1%	-2.8%		9.9%	-2.6%	
Medi-Cal MC %	51.5%	52.0%	-0.5%		51.9%	52.5%	-0.6%		52.7%	-0.8%	
Medicare %	22.7%	18.1%	4.6%		22.9%	18.6%	4.3%		19.1%	3.8%	
Medicare MC %	7.1%	7.2%	-0.1%		7.0%	7.1%	-0.1%		7.3%	-0.2%	
Other Govt %	1.7%	1.3%	0.4%		1.3%	1.5%	-0.2%		1.5%	-0.2%	
Self-Pay %	2.5%	3.0%	-0.5%		2.9%	3.0%	-0.1%		2.6%	0.3%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	

ALAMEDA HEALTH SYSTEMS Volume Reports

ALAMEDA HEALTH SYSTEM

Month: August

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: HIGHLAND											
Total Patient Days	4,240	4,113	127	3.1%	8,513	8,625	-112	-1.3%	8,438	75	0.9%
Total Discharges	839	714	125	17.6%	1,647	1,497	150	10.0%	1,494	153	10.2%
Total Adjusted Patient Days	7,521	7,362	159	2.2%	15,236	15,280	-44	-0.3%	14,853	384	2.6%
Total Adjusted Discharges	1,488	1,278	211	16.5%	2,948	2,652	296	11.2%	2,630	318	12.1%
GENERAL ACUTE											
GA Patient Days	4,240	4,113	127	3.1%	8,513	8,625	-112	-1.3%	8,438	75	0.9%
GA Discharges	839	714	125	17.6%	1,647	1,497	150	10.0%	1,494	153	10.2%
GA OP Factor	1.7808	1.7968	0.016	0.9%	1.7964	1.7781	-0.0183	-1.0%	1.7663	-0.0301	-1.7%
Average Daily Census	136.8	132.7	4.1	3.1%	137.3	139.1	-1.8	-1.3%	136.1	1.2	0.9%
Average Length of Stay	5.1	5.8	-0.7	-12.3%	5.2	5.8	-0.6	-10.3%	5.6	-0.5	-8.5%
Adjusted Patient Days	7,551	7,390	161	2.2%	15,293	15,337	-44	-0.3%	14,904	389	2.6%
Adjusted Discharges	1,494	1,282	212	16.5%	2,959	2,661	297	11.2%	2,639	320	12.1%
Occupancy %	81.0%	79.0%	2.0%		81.0%	82.0%	-1.0%		81.0%	1.0%	
Emergency Visits	4,957	4,349	608	14.0%	9,792	8,729	1,063	12.2%	9,156	636	6.9%
Left Without Being Seen (LWBS)	397	515	118	29.7%	662	1,055	393	59.4%	1,037	375	56.6%
Trauma Cases	364	313	51	16.4%	659	626	33	5.2%	639	20	3.1%
Observation Equivalent Days	258	319	-61	-19.1%	487	661	-174	-26.4%	558	-71	-12.8%
IP Surgeries	267	256	11	4.3%	533	541	-8	-1.4%	502	31	6.2%
OP Surgeries	204	222	-18	-7.9%	444	418	26	6.2%	428	16	3.7%
Total Surgeries	471	478	-7	-1.4%	977	959	18	1.9%	930	47	5.1%
Deliveries	171	140	31	22.1%	324	281	43	15.2%	275	49	17.8%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	1,788	1,668	-120	-7.2%	1,807	1,748	-59	-3.4%	1,763	-43	-2.5%
Total Productive FTE	1,568	1,447	-121	-8.4%	1,583	1,510	-73	-4.8%	1,538	-45	-2.9%
Total Paid FTE per AOB	7.37	7.02	-0.35	-4.9%	7.35	7.09	-0.26	-3.7%	7.36	0.01	0.1%
Worked Hours Per APD	36.9	34.8	-2.1	-6.1%	36.8	35	-1.8	-5.1%	36.7	-0.1	-0.3%
Worked Hours Per AD	187	201	14	7.0%	190	202	11	5.7%	207	17	8.2%
Physician wRVU	3	7	-4	-57.5%	6	8	-3	-31.7%	8	-2	-28.6%
OTHER STATS											
GI Procedures	335	368	-33	-9.0%	688	718	-30	-4.1%	692	-4	-0.6%
Cardiac Procedures	126	69	57	83.1%	265	127	138	109.2%	121	144	119.0%
HGH Cath Lab and IR	689	617	72	11.7%	1,476	875	601	68.8%	977	499	51.1%
CLINIC / TELEHEALTH											
Specialty	667	504	163	32.5%	1,373	1,033	340	32.9%	1,178	195	16.6%
Behavioral Health	627	521	106	20.3%	1,279	2,327	-1,048	-45.0%	1,878	-599	-31.9%
Clinic Visits	1,294	1,025	269	26.3%	2,652	3,360	-708	-21.1%	3,056	-404	-13.2%
Telehealth Specialty	854	702	152	21.6%	1,739	1,441	298	20.7%	1,493	246	16.5%
Telehealth Behavioral Health	78	78	0	-0.5%	190	265	-75	-28.4%	200	-10	-5.0%
Telehealth Visits	932	781	151	19.4%	1,929	1,707	222	13.0%	1,693	236	13.9%
TOTAL CLINIC VISITS	2,226	1,806	420	23.3%	4,581	5,067	-486	-9.6%	4,749	-168	-3.5%
PAYOR MIX											
Insurance %	8.5%	9.9%	-1.4%		7.2%	8.6%	-1.4%		8.4%	-1.1%	
Medi-Cal %	6.2%	11.3%	-5.1%		7.1%	10.8%	-3.7%		10.4%	-3.4%	
Medi-Cal MC %	51.0%	51.7%	-0.7%		50.7%	52.4%	-1.7%		52.8%	-2.1%	
Medicare %	21.8%	14.6%	7.1%		22.2%	16.2%	6.0%		16.7%	5.5%	
Medicare MC %	8.0%	7.6%	0.4%		7.9%	7.0%	0.9%		7.3%	0.6%	
Other Govt %	1.8%	1.6%	0.1%		1.5%	2.0%	-0.5%		1.9%	-0.4%	
Self-Pay %	2.7%	3.3%	-0.6%		3.5%	3.0%	0.5%		2.6%	0.9%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	
CAMPUS CMI											
CMI Highland	1.583	1.692	-0.109	-6.4%	1.636	1.744	-0.108	-6.2%	1.744	-0.108	-6.2%

ALAMEDA HEALTH SYSTEMS Volume Reports

ALAMEDA HEALTH SYSTEM

Month: August

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: ALAMEDA											
Total Patient Days	6,245	6,223	22	0.4%	12,520	12,488	32	0.3%	12,203	317	2.6%
Total Discharges	241	219	22	9.8%	477	448	29	6.4%	425	52	12.2%
Total Adjusted Patient Days	9,439	9,215	225	2.4%	18,983	18,413	570	3.1%	18,464	519	2.8%
Total Adjusted Discharges	364	325	39	12.1%	723	661	62	9.4%	643	80	12.5%
GENERAL ACUTE											
Patient Days	1,007	932	75	8.0%	1,874	1,907	-33	-1.7%	1,966	-92	-4.7%
Discharges	232	207	25	11.9%	462	424	38	9.0%	410	52	12.7%
Average Daily Census	32.5	30.1	2.4	8.0%	30.2	30.8	-0.5	-1.7%	31.7	-1.5	-4.7%
Average Length of Stay	4.3	4.5	-0.2	-3.5%	4.1	4.5	-0.4	-9.8%	4.8	-0.7	-15.4%
Adjusted Patient Days	1,858	1,693	164	9.7%	3,512	3,449	64	1.8%	3,641	-128	-3.5%
Adjusted Discharges	428	377	51	13.7%	866	767	99	12.9%	759	107	14.0%
Occupancy %	49%	46%	4%	8.0%	46%	47%	-1%	-1.7%	48%	-2%	-4.7%
Emergency Visits	1,809	1,672	137	8.2%	3,543	3,235	308	9.5%	3,375	168	5.0%
Left Without Being Seen (LWBS)	58	0	-58	-100.0%	121	0	-121	-100.0%	82	-39	-32.2%
Observation Equivalent Days	169	174	-5	-3.0%	385	349	36	10.4%	382	3	0.9%
IP Surgeries	12	22	-10	-45.6%	25	40	-15	-37.1%	39	-14	-35.9%
OP Surgeries	5	0	5	0.0%	6	0	6	0.0%	167	-161	-96.4%
Total Surgeries	17	22	-5	-22.9%	31	40	-9	-22.0%	206	-175	-85.0%
SNF with Sub-Acute											
SNF Patient Days	5,238	5,290	-52	-1.0%	10,646	10,581	65	0.6%	10,237	409	4.0%
SNF Discharges	9	12	-3	-26.3%	15	24	-9	-38.6%	15	0	0.0%
SNF OP Factor	1.0045	1.0018	-0.0028	-0.3%	1.0075	1.0016	-0.0058	-0.6%	1.0049	-0.0025	-0.3%
Average Daily Census	169	170.7	-1.7	-1.0%	171.7	170.7	1	0.6%	165.1	6.6	4.0%
Average Length of Stay	582	433.3	148.7	34.3%	709.7	433.3	276.4	63.8%	682.5	27.3	4.0%
Adjusted Patient Days	5,262	5,300	-38	-0.7%	10,726	10,598	127	1.2%	10,288	438	4.3%
Adjusted Discharges	9	12	-3	-26.1%	15	24	-9	-38.2%	15	0	0.3%
Occupancy %	93.0%	94.0%	-1.0%		95.0%	94.0%	1.0%		91.0%	4.0%	
Bed Holds	37	70	-33	-47.4%	-12	138	-150	-108.7%	135	-147	-108.9%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	638	612	-26	-4.2%	628	611	-17	-2.8%	599	-28	-4.8%
Total Productive FTE	568	535	-33	-6.1%	551	530	-20	-3.9%	521	-29	-5.6%
Total Paid FTE per AOB	2.09	2.06	-0.04	-1.7%	2.05	2.06	0.01	0.3%	2.01	-0.04	-1.9%
Worked Hours Per APD	10.7	10.3	-0.4	-3.6%	10.3	10.2	-0.1	-0.7%	10	-0.3	-2.8%
Worked Hours Per AD	276	292	16	5.3%	270	284	14	5.1%	287	17	6.1%
CLINIC / TELEHEALTH											
Specialty	1,361	1,233	128	10.4%	2,887	2,508	379	15.1%	2,514	373	14.8%
Clinic Visits	1,361	1,233	128	10.4%	2,887	2,508	379	15.1%	2,514	373	14.8%
Telehealth Specialty	15	14	1	7.1%	33	42	-9	-21.4%	42	-9	-21.4%
Telehealth Visits	15	14	1	7.1%	33	42	-9	-21.4%	42	-9	-21.4%
TOTAL CLINIC VISITS	1,376	1,247	129	10.3%	2,920	2,550	370	14.5%	2,556	364	14.2%
PAYOR MIX											
Insurance %	7.2%	7.4%	-0.2%		7.5%	7.3%	0.3%		7.4%	0.1%	
Medi-Cal %	5.8%	8.0%	-2.2%		5.7%	6.9%	-1.3%		8.3%	-2.6%	
Medi-Cal MC %	49.7%	49.5%	0.2%		51.2%	49.8%	1.4%		49.7%	1.5%	
Medicare %	26.1%	23.4%	2.7%		25.0%	22.6%	2.4%		22.8%	2.2%	
Medicare MC %	7.7%	8.9%	-1.2%		7.3%	10.1%	-2.7%		9.7%	-2.4%	
Other Govt %	1.4%	0.8%	0.5%		1.4%	1.2%	0.2%		1.2%	0.2%	
Self-Pay %	2.3%	2.1%	0.2%		1.9%	2.3%	-0.4%		0.9%	1.0%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	
CAMPUS CMI											
CMI Alameda	1.467	1.496	-0.029	-1.9%	1.415	1.496	-0.081	-5.4%	1.494	-0.079	-5.3%

ALAMEDA HEALTH SYSTEMS Volume Reports

Month: August

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: SAN LEANDRO											
Total Patient Days	1,439	1,778	-339	-19.1%	3,005	3,362	-357	-10.6%	3,260	-255	-7.8%
Total Discharges	264	319	-55	-17.2%	572	593	-21	-3.6%	609	-37	-6.1%
Total Adjusted Patient Days	3,239	3,479	-240	-6.9%	6,482	6,796	-315	-4.6%	6,652	-171	-2.6%
Total Adjusted Discharges	594	624	-30	-4.8%	1,234	1,199	35	2.9%	1,243	-9	-0.7%
GENERAL ACUTE											
GA Patient Days	759	1,057	-298	-28.2%	1,652	1,942	-290	-14.9%	1,865	-213	-11.4%
GA Discharges	216	264	-48	-18.3%	466	486	-20	-4.1%	501	-35	-7.0%
GA OP Factor	2.6914	2.2466	-0.4449	-19.8%	2.527	2.3433	-0.1837	-7.8%	2.3692	-0.1578	-6.7%
Average Daily Census	24.5	34.1	-9.6	-28.2%	26.6	31.3	-4.7	-14.9%	30.1	-3.4	-11.4%
Average Length of Stay	3.5	4	-0.5	-12.1%	3.5	4	-0.5	-11.3%	3.7	-0.2	-4.8%
Adjusted Patient Days	2,043	2,374	-331	-14.0%	4,175	4,551	-376	-8.3%	4,419	-244	-5.5%
Adjusted Discharges	581	594	-13	-2.1%	1,178	1,138	39	3.4%	1,187	-9	-0.8%
Occupancy %	39.0%	54.0%	-15.0%		42.0%	50.0%	-7.0%		48.0%	-5.0%	
Emergency Visits	2,918	2,815	103	3.7%	5,752	5,637	115	2.0%	5,837	-85	-1.5%
Left Without Being Seen (LWBS)	107	61	-46	-43.2%	200	104	-96	-48.0%	163	-37	-18.5%
Observation Equivalent Days	183	179	4	2.2%	433	389	44	11.3%	388	45	11.6%
IP Surgeries	35	45	-10	-22.6%	85	103	-18	-17.5%	93	-8	-8.6%
OP Surgeries	159	179	-20	-11.0%	306	366	-60	-16.4%	369	-63	-17.1%
Total Surgeries	194	224	-30	-13.4%	391	469	-78	-16.7%	462	-71	-15.4%
REHAB											
Rehab Patient Days	680	721	-41	-5.7%	1,353	1,420	-67	-4.7%	1,395	-42	-3.0%
Rehab Discharges	48	55	-7	-12.0%	106	107	-1	-1.3%	108	-2	-1.9%
Rehab OP Factor	1	1	0	0.0%	1	1	0	0.0%	1	0	0.0%
Average Daily Census	21.9	23.3	-1.3	-5.7%	21.8	22.9	-1.1	-4.7%	22.5	-0.7	-3.0%
Average Length of Stay	14.2	13.2	0.9	7.2%	12.8	13.2	-0.5	-3.4%	12.9	-0.2	-1.2%
Adjusted Patient Days	680	721	-41	-5.7%	1,353	1,420	-67	-4.7%	1,395	-42	-3.0%
Adjusted Discharges	48	55	-7	-12.0%	106	107	-1	-1.3%	108	-2	-1.9%
Occupancy %	78%	83%	0%	0.0%	78%	82%	0%	0.0%	80%	0%	0.0%
Bed Holds	2	2	0	-7.0%	2	2	0	-7.0%	2	0	0.0%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	470	470	0	-0.1%	481	463	-18	-3.8%	463	-18	-3.8%
Total Productive FTE	394	402	8	1.9%	408	393	-15	-3.9%	401	-7	-1.7%
Total Paid FTE per AOB	4.5	4.19	-0.31	-7.5%	4.6	4.23	-0.37	-8.8%	4.32	-0.28	-6.6%
Worked Hours Per APD	21.5	20.5	-1.1	-5.3%	22.3	20.5	-1.8	-9.0%	21.4	-0.9	-4.4%
Worked Hours Per AD	117	114	-3	-3.0%	117	116	-1	-1.0%	114	-3	-2.4%
PAYOR MIX											
Insurance %	5.5%	5.3%	0.1%		5.8%	5.8%	0.0%		5.8%	0.0%	
Medi-Cal %	10.5%	10.3%	0.2%		8.4%	9.6%	-1.3%		9.6%	-1.3%	
Medi-Cal MC %	46.0%	48.6%	-2.6%		45.8%	48.8%	-3.0%		48.5%	-2.7%	
Medicare %	25.5%	23.6%	1.9%		27.3%	22.9%	4.4%		23.4%	3.9%	
Medicare MC %	7.9%	8.6%	-0.7%		8.3%	8.8%	-0.5%		9.0%	-0.7%	
Other Govt %	1.7%	0.9%	0.9%		1.9%	1.1%	0.8%		1.1%	0.8%	
Self-Pay %	2.9%	2.7%	0.2%		2.6%	3.1%	-0.5%		2.8%	-0.2%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	
CAMPUS CMI											
CMI San Leandro	1.356	1.38	-0.024	-1.7%	1.454	1.451	0.003	0.2%	1.449	0.005	0.3%

ALAMEDA HEALTH SYSTEMS Volume Reports

Month: August

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: JOHN GEORGE											
Total Patient Days	2,008	2,071	-63	-3.0%	4,129	3,996	133	3.3%	4,033	96	2.4%
Total Discharges	204	230	-26	-11.3%	417	444	-27	-6.0%	430	-13	-3.0%
Total Adjusted Patient Days	2,399	2,446	-48	-2.0%	4,971	4,762	208	4.4%	4,811	160	3.3%
Total Adjusted Discharges	244	272	-28	-10.3%	502	529	-27	-5.1%	513	-11	-2.1%
PSYCH											
Psych Patient Days	2,008	2,071	-63	-3.0%	4,129	3,996	133	3.3%	4,033	96	2.4%
Psych Discharges	204	230	-26	-11.3%	417	444	-27	-6.0%	430	-13	-3.0%
Average Daily Census	64.8	66.8	-2	-3.0%	66.6	64.5	2.1	3.3%	65	1.5	2.4%
Average Length of Stay	9.8	9	-0.8	-9.3%	9.9	9	-0.9	-10.0%	9.4	-0.5	-5.6%
Adjusted Patient Days	2,473	2,518	-45	-1.8%	5,144	4,905	239	4.9%	4,966	178	3.6%
Adjusted Discharges	251	280	-28	-10.2%	520	545	-25	-4.6%	529	-10	-1.9%
PES Equivalent Days	692	748	-56	-7.5%	1,566	1,468	99	6.7%	1,468	99	6.7%
PES Visits	773	841	-68	-8.1%	1,653	1,732	-79	-4.6%	1,730	-77	-4.5%
PES Hours	16,614	16,123	491	3.0%	37,592	32,707	4,885	14.9%	35,222	2,370	6.7%
PES Hours per Visit	21	19	-2	-12.1%	23	19	-4	-20.4%	20	-2	-11.7%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	387	369	-18	-4.9%	391	364	-27	-7.5%	379	-12	-3.2%
Total Productive FTE	339	321	-18	-5.5%	341	313	-28	-9.1%	332	-9	-2.9%
Total Paid FTE per AOB	5	4.67	-0.32	-6.9%	4.88	4.74	-0.14	-3.0%	4.89	0.01	0.2%
Worked Hours Per APD	25	23.3	-1.8	-7.6%	24.3	23.3	-1	-4.5%	24.4	0.1	0.4%
Worked Hours Per AD	246	209	-37	-17.7%	241	209	-31	-14.9%	229	-12	-5.1%
Physician wRVU	7,617	8,377	-760	-9.1%	16,355	18,480	-2,125	-11.5%	18,401	-2,045	-11.1%
PAYOR MIX											
Insurance %	2.3%	5.0%	-2.6%		3.9%	4.1%	-0.2%		3.5%	0.4%	
Medi-Cal %	14.3%	12.8%	1.5%		10.5%	12.0%	-1.5%		11.9%	-1.4%	
Medi-Cal MC %	52.8%	53.0%	-0.1%		57.5%	53.2%	4.3%		52.2%	5.3%	
Medicare %	25.8%	22.9%	3.0%		23.8%	21.6%	2.2%		23.8%	0.0%	
Medicare MC %	2.7%	3.2%	-0.6%		3.5%	3.2%	0.3%		3.2%	0.3%	
Other Govt %	1.9%	-0.1%	1.9%		-1.1%	0.2%	-1.3%		0.2%	-1.3%	
Self-Pay %	0.2%	3.3%	-3.0%		1.9%	5.7%	-3.8%		5.3%	-3.3%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	
CAMPUS CMI											
CMI Behavioral Health	1.399	1.345	0.054	4.0%	1.391	1.337	0.054	4.0%	1.336	0.055	4.1%

ALAMEDA HEALTH SYSTEMS Volume Reports

Month: August

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: FAIRMONT											
Total Patient Days	3,250	3,255	-5	-0.2%	6,592	6,511	82	1.3%	6,554	38	0.6%
Total Discharges	10	12	-2	-15.7%	19	24	-5	-20.0%	22	-3	-13.6%
OP Factor	1.2838	1.3515	0.0677	5.0%	1.2938	1.3671	0.0733	5.4%	1.3489	0.0551	4.1%
Total Adjusted Patient Days	4,172	4,399	-227	-5.2%	8,529	8,901	-372	-4.2%	8,841	-312	-3.5%
Total Adjusted Discharges	13	16	-3	-19.9%	25	32	-8	-24.3%	30	-5	-17.2%
SNF with Sub-Acute											
SNF Patient Days	3,250	3,255	-5	-0.2%	6,592	6,511	82	1.3%	6,554	38	0.6%
SNF Discharges	10	12	-2	-15.7%	19	24	-5	-20.0%	22	-3	-13.6%
SNF OP Factor	1.072	1.0023	-0.0697	-7.0%	1.0756	1.0021	-0.0735	-7.3%	1.071	-0.0046	-0.4%
Average Daily Census	104.8	105	-0.2	-0.2%	106.3	105	1.3	1.3%	105.7	0.6	0.6%
Average Length of Stay	325	274.5	50.5	18.4%	346.9	274.2	72.7	26.5%	297.9	49	16.5%
Adjusted Patient Days	3,484	3,263	221	6.8%	7,090	6,524	566	8.7%	7,019	71	1.0%
Adjusted Discharges	11	12	-1	-9.8%	20	24	-3	-14.1%	24	-3	-13.3%
Occupancy %	96%	96%	0%		98%	96%	2%		97%	1%	
Bed Holds	36	39	-3	-8.7%	58	69	-11	-15.9%	70	-12	-17.1%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	292	282	(10)	-3.6%	293	294	1	0.4%	294	2	0.5%
Total Productive FTE	256	246	(10)	-4.2%	255	254	-1	-0.3%	257	2	0.7%
Total Paid FTE per AOB	2.17	1.99	-0.18	-9.3%	2.13	2.05	-0.08	-4.0%	2.06	-0.06	-3.1%
Worked Hours Per APD	10.9	9.9	-1	-9.8%	10.6	10.1	-0.5	-4.6%	10.3	-0.3	-3.0%
Worked Hours Per AD	3530	2715	-815	-30.0%	3676	2777	-899	-32.4%	3066	-610	-19.9%
CLINIC / TELEHEALTH											
Behavioral Health	1,640	2,264	-624	-27.6%	3,383	4,763	-1,380	-29.0%	4,334	-951	-21.9%
Rehab	9	9	0	-1.0%	23	15	8	56.8%	18	5	27.8%
Clinic Visits	1,649	2,273	-624	-27.5%	3,406	4,778	-1,372	-28.7%	4,352	-946	-21.7%
Telehealth Behavioral Health	97	65	32	50.2%	200	144	56	38.9%	116	84	72.4%
Telehealth Visits	97	65	32	50.2%	200	144	56	38.9%	116	84	72.4%
TOTAL CLINIC VISITS	1,746	2,338	-592	-25.3%	3,606	4,922	-1,316	-26.7%	4,468	-862	-19.3%
PAYOR MIX											
Insurance %	1.48%	1.18%	0.30%		2.11%	0.93%	1.19%		1.21%	0.90%	
Medi-Cal %	6.05%	6.88%	-0.83%		3.83%	6.63%	-2.80%		6.92%	-3.09%	
Medi-Cal MC %	75.95%	68.58%	7.38%		77.97%	68.85%	9.12%		68.41%	9.56%	
Medicare %	15.20%	20.19%	-4.99%		15.42%	20.12%	-4.70%		19.23%	-3.81%	
Medicare MC %	1.30%	2.54%	-1.24%		0.84%	2.82%	-1.97%		2.94%	-2.10%	
Other Govt %	0.17%	0.21%	-0.04%		0.10%	0.16%	-0.07%		0.21%	-0.12%	
Self-Pay %	-0.16%	0.42%	-0.58%		-0.26%	0.50%	-0.76%		1.07%	-1.34%	
Total Payor Mix %	100.00%	100.00%	0.00%		100.00%	100.00%	0.00%		100.00%	0.00%	

ALAMEDA HEALTH SYSTEMS Volume Reports

ALAMEDA HEALTH SYSTEM

Month: August

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: FQ CLINIC											
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	511	519	8	1.5%	504	527	23	4.4%	505	1	0.1%
Total Productive FTE	434	443	9	2.1%	426	444	18	4.1%	426	(1)	-0.2%
Physician wRVU	39,435	36,120	3,315	9.2%	77,827	72,786	5,040	6.9%	72,680	5,147	7.1%
OTHER STATS ----------											
Covid Immunization	219	218	1	0.5%	429	661	(232)	-35.1%	661	(232)	-35.1%
CLINIC / TELEHEALTH VISITS --											
Primary Care	13,693	13,952	(259)	-1.9%	27,207	27,796	(589)	-2.1%	27,883	(676)	-2.4%
Specialty	10,578	12,376	(1,798)	-14.5%	21,579	24,683	(3,104)	-12.6%	20,338	1,241	6.1%
Behavioral Health	21	0	21	0.0%	41	0	41	0.0%	0	41	0.0%
Clinic Visits	24,292	26,328	(2,036)	-7.7%	48,827	52,479	(3,652)	-7.0%	48,221	606	1.3%
Telehealth Primary Care	2,531	2,711	(180)	-6.6%	4,970	5,665	(695)	-12.3%	5,145	(175)	-3.4%
Telehealth Specialty	2,095	2,064	31	1.5%	4,395	4,238	157	3.7%	4,247	148	3.5%
Telehealth Behavioral Health	33	35	(2)	-5.7%	60	76	(16)	-21.1%	50	10	20.0%
Telehealth Visits	4,659	4,810	(151)	-3.1%	9,425	9,979	(554)	-5.6%	9,442	(17)	-0.2%
TOTAL CLINIC VISITS	28,951	31,138	(2,187)	-7.0%	58,252	62,458	(4,206)	-6.7%	57,663	589	1.0%
PAYOR MIX ----------											
Insurance %	2.7%	2.5%	0.3%		2.7%	2.5%	0.2%		2.4%	0.3%	
Medi-Cal %	14.7%	17.7%	-3.0%		13.8%	17.7%	-3.9%		11.4%	2.4%	
Medi-Cal MC %	63.7%	62.2%	1.5%		64.8%	62.3%	2.5%		67.5%	-2.8%	
Medicare %	12.7%	12.0%	0.7%		12.8%	11.8%	1.0%		12.6%	0.3%	
Medicare MC %	1.0%	1.2%	-0.2%		1.0%	1.2%	-0.2%		1.4%	-0.4%	
Other Govt %	1.7%	1.7%	0.0%		1.7%	1.7%	0.0%		2.1%	-0.4%	
Self-Pay %	3.5%	2.9%	0.6%		3.3%	2.9%	0.4%		2.7%	0.6%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	

DISCUSSION: Alameda Hospital Seismic Planning Budget Update

ALAMEDA HEALTH SYSTEM

Alameda Hospital: Seismic Planning Update
Finance Committee 10/1/2025

Alameda District Hospital Financial – Budget 2026

In Thousands	Acute	Subacute	SNF	Wound Care & Marina Specialty	TOTAL
Net Patient Revenue	$70,735	$15,469	$33,728	$4,618	$124,550
County HPAC	1,870	0	8	440	2,319
Other Government Programs	19,348	482	15,164	920	35,914
Other Revenues	579	51	112	25	768
Total Revenue - All Sources	**92,533**	**16,002**	**49,012**	**6,003**	**163,550**
Collection %	***14.2%***	***17.9%***	***21.9%***	***16.5%***	***16.3%***
Operating Expenses ----------					
Salaries & Benefits	74,983	16,163	24,218	3,093	118,457
Purchased Services	5,207	374	1,711	586	7,877
Contracted and Allocated Physician	12,788	10	64	1,580	14,442
Materials and Supplies	7,756	1,577	1,763	985	12,080
Facilities	3,811	743	132	157	4,843
Depreciation	3,268	189	1,034	405	4,896
General & Administration	272	22	246	4	544
Total Operating Expenses	**108,084**	**19,078**	**29,167**	**6,810**	**163,139**
Contribution Margin	**(15,551)**	**(3,076)**	**19,845**	**(806)**	**411**
Operating Margin	-16.8%	-19.2%	40.5%	-13.4%	0.3%
Remove the SNF Passthrough revenue ($14.4M)	0	0	(14,381)		(14,381)
Add labor expenses for SNF RN MOU ($1.0M)			(1,000)		(1,000)
Contribution Margin	**(15,551)**	**(3,076)**	**4,463**	**(806)**	**(14,970)**
Operating Margin	-13.0%	-62.0%	13.2%	-6.8%	-11.7%
Total FTEs	344	76	185	24	629

- Adjustments:
  - One-time SNF Passthrough funding to ease traditional from Fee-for-Service (FFS) Medicaid to Managed Care ends on December 31, 2025.
  - C.N.A. contract resulted in higher SNF RN costs ($1M) which was unknown when the budget was approved.

Alameda District Hospital
Financial – Budget 2026

In Thousands	Acute	Subacute	SNF	Wound Care & Marina	TOTAL	Break-Even 5/1/24
Volume						
Acute Patient days	11,905				11,905	13,988
Acute Observation days	2,375				2,375	1,605
Acute Discharges	2,647				2,647	2,690
Acute LOS	4.50				4.50	5.20
ED Visits	19,842				19,842	16,908
Surgery Cases	202				202	271
Surgery Minutes	17,349				17,349	18,982
SNF & Subacute		12,283	41,245		53,528	53,785
Payor Mix						
Insurance	9%	3%	0%	5%	7%	7%
Medi-Cal	4%	10%	8%	0%	5%	27%
Medi-Cal MC	37%	80%	86%	47%	51%	28%
Medicare	33%	2%	2%	35%	25%	26%
Medicare MC	12%	3%	3%	12%	9%	8%
Other Govt	2%	0%	0%	0%	1%	2%
Self Pay	2%	1%	1%	0%	2%	2%

- Overall, Alameda Hospital saw an improvement in volume.
- Payor mix remained relatively stable, with the only change being a shift from Medi-Cal to Medi-Cal Managed Care in SNF and Sub-Acute care.

Alameda District Hospital
Positive Impacts

Positive Impacts:

- Parcel tax increased by $1.5M, raising annual revenue from $2.6M to $4.1M to support operations. Seismic loan payment is estimated at $1.9M, total current parcel tax is $6.0M.
- Reduced length of stay by 0.5 days per discharge, generating $1.5M in estimated labor cost savings.
- Higher ED visits and observation hours indicates ongoing patient demand.
- Relocated elective surgery, realizing $3.4M of the $4.4M projected savings.

Alameda District Hospital Negative Impacts

- **The following initiatives recommended by the workgroup <u>are not complete</u> ($4.5M):**
  - AH SNF 18-bed expansion: Expected net profit of $2.5M, pending unit construction.
  - Emergency surgery redirection: Shifting surgeries to Highland and San Leandro hospitals was projected to increase profitability by $1.6M. AHS is currently pursuing a waiver from the State of California.
  - Balance Park Bridge payor mix remains unchanged. AHS is partnering with local nursing homes to balance payer mix across referrals. Estimated revenue increase: $0.4M.
- **Other negative impacts ($7.8M)**
  - Added 22 FTEs beyond the original staffing plan
    - Key areas: EVS, ER, Dietary, Respiratory Therapy, Laboratory, and Radiology.
  - Applied C.N.A. MOU salary increases for RNs at South Shore and Park Bridge that surpassed the standard CPI. ($1.0M)
  - Eliminated AB85 Realignment funding ($2.2M) and reduced HPAC funding ($1.4M)

Questions

APPENDIX

- Joint Planning Committee (JPC) recommended to move forward with the hospital seismic upgrade, maintain all existing acute beds and add a new 18-bed Medical-SNF unit. The projected operational loss was reported as $7.5M.
- Key assumptions used in the analysis:
  - Baseline was FY23 actual financial statements, assumptions are in the appendix.
  - Hospital footprint to stay the same with an added SNF unit in the closed and delicensed maternity unit located on 2 South.
    - Shorter stays and improved payer mix to 55% Medicare/Insurance, daily rate goes from $538 to $773.
    - Assumed wages will be equal to existing Park Bridge salary structure.
  - Capital costs are estimated at $53.1M, to be financed over 30 years with bonds, within the maximum funding limit of $70M provided by bond counsel, reducing potential risk of insufficient funding for unforeseen events and inflation.
    - Cost of bond issuance estimated to be between .5%-.75% of bond amount which includes underwriter, campaign consultant, bond counsel which are excluded from the projections.
- The AHS Finance Committee directed leadership to work on language needed to adjust the JPA for the re-direction of parcel tax, and to develop a plan to address the operational losses before returning for AHS approval.

Alameda District Hospital Workgroup Findings

- Mark Fratzke convened a cross functional workgroup that included physicians, nurses, post-acute and operational staff to develop the plan to improve profitability.

- Dr. Laura Lang	- Mark Fratzke	- Dr. Indhu Subramanian	- Kim Miranda
- Dr. Charlotte Wills	- Romoanetia Lofton	- Dr. Felicia Tornabene	- Dr. Berenice Perez
- Mario Harding	- Richard Espinoza	- Dr. Elizabeth Mahler	- Dr. Tze-Ming Chen

- The workgroup identified opportunity improvements to offset the financials loss. They are;
  - Include Medi-Cal reimbursement increase estimated at $5.0M effective January 1, 2024.
  - Adjust the parcel tax to include $2.6M annual revenue to support operations. Seismic loan payment is estimated at $3.4M, total current parcel tax is $6M.
  - Improve Park Bridge payor mix. AHS will work with other nursing homes in the area to bring equity to payer mixes across our referral community. Estimated $0.4M increase in revenue.
  - Reduce LOS by .26 per discharge saving labor costs of $1.5M.
  - Labor increase related to SEIU SNF negotiation and annual CPI, $2.0M and $4.1M respectively.
  - Redirect emergency surgery to Highland and San Leandro hospitals, reducing expenses of $1.6M. AHS is pursuing a waiver with the State of California
  - Relocate elective surgery, $4.4M labor savings. There is no negative impact elsewhere in AHS since we have the capacity in the OR without adding staff. The same supplies expense will be utilized.

Alameda District Hospital Financial Projection

	Original Projection	Medi-Cal Reimb in SNF	Parcel Tax	Park Bridge Payor Mix Improvement	.26 Reduction in LOS	Labor CPI	Redirect Emergency Surgery	Relocate Elective Surgery	Revised Projection
Operating Revenue ----------									
Net Patient Revenue		5,000		350					5,350
Parcel tax Revenue			2,600						2,600
Other Government Programs	16,820								16,820
Total Revenue - All Sources	**141,333**	**5,000**	**2,600**	**350**					**149,283**
Collection %	**16.8%**								**18.3%**
Operating Expenses ----------									
Labor costs	108,970				-1,622	6,072	-1,600	-4,400	107,420
Physician contract services	6,017								6,017
Purchased services	7,394								7,394
Materials and supplies	14,155								14,155
Facilities	4,816								4,816
Depreciation and amortization	4,914								4,914
General and administrative	344								344
Estimated call fee	2,203								2,203
Total Operating Expenses	**148,812**				**-1,622**	**6,072**	**-1,600**	**-4,400**	**147,262**
Contribution Margin	**-$7,479**	**$5,000**	**$2,600**	**$350**	**$1,622**	**-$6,072**	**$1,600**	**$4,400**	**$2,021**
Contribution Margin	**-5.3%**								**1.4%**
FTEs	632.4	-	-	-	(7.4)	-	(21.6)	(36.0)	567.5
Volume:									
Acute Patient Day	13,420	-	-	-	(568)	-	(1,684)	(281)	10,887
Actual LOS	5.0	-	-	-	(0.3)	-	-	-	4.7
Expected LOS	3.7	-	-	-	-	-	-	-	3.7
Surgery Case	1,622	-	-	-	-	-	(269)	(1,353)	-

- Net impact from the opportunity improvements brings the contribution margin from a loss of $7.5M to a positive margin of $2.0M. Analysis is based on direct revenue and expenses for Alameda Hospital and does not include AHS overhead costs.

ACTION / DICUSSION: Contracts

Contract Approvals
October 2025

1. New agreement between Hayward Sisters Hospital doing business as St. Rose Hospital and Nelson T. Lewis Construction Co., Inc. for catheterization lab upgrade. The term of this agreement is effective October 15, 2025 through June 15, 2026. The estimated impact of this agreement is $3,197,080.
Mario Harding, Chief Administrative Officer

2. New agreement with ePlus Technology Inc. for provision of data loss protection services. The term of this agreement is effective date last signed for a 3-year term. The estimated impact of this agreement is $1,800,000.
Christine Yang, Chief Information Officer

3. Renewal agreement with Switch, Ltd. for provision of data center services. The term of this agreement is effective February 16, 2026 through February 15, 2031. The estimated impact of this agreement is $1,509,294.
Christine Yang, Chief Information Officer

Contract Approvals
October 2025

4. New agreement with Lescure Company, Inc. for architectural and structural work for the Alameda Hospital HVAC replacement project. The term of this agreement is effective November 1, 2025 through March 31, 2027. The estimated impact of this agreement is $1,668,200.

Mark Fratzke, Chief Operating Officer

5. New agreement with Matrix HG, Inc. for installation of COVID prevention HVAC upgrades at John George Psychiatric Hospital. The term of this agreement is effective November 1, 2025 through October 31, 2026. The estimated impact of this agreement is $1,214,436.

Mark Fratzke, Chief Operating Officer

Recommendation: Motion to Recommend Approval for the above contracts to the Board of Trustees

Contractor/ Vendor Name:	Nelson T. Lewis Construction Co., Inc. ("NT Lewis")
Description:	St. Rose Hospital ("SRH") is a STEMI Receiving Center and operates a cardiac catheterization laboratory ("Cardiac Cath Lab") that provides interventional cardiology services on an emergency and non-emergency basis. The current equipment in the Cardiac Cath Lab is at the end of its life and must be replaced. Replacing the equipment in the current location of the Cardiac Cath Lab would require shutting down the current Cardiac Cath Lab for 6-9 months and such a closure would have a materially adverse effect on patient care and SRH's revenue. In order to avoid closing the current Cardiac Cath Lab and to allow for a back-up cath lab, plans were submitted to the California Department of Health Care Access and Information ("HCAI") to develop a new Cardiac Cath Lab in empty space next to the ED. These plans have been approved by HCAI and SRH is ready to proceed. As part of the Cardiac Cath Lab Project, the radiology department access points (doors), which are adjacent to the new Cardiac Cath Lab, will be modified to accommodate new technology with a larger footprint and improve patient flow. New larger doors will be automated to allow hands free activation for safer, more efficient patient transportation. SRH solicited proposals for the work approved by HCAI from three qualified contractors including NT Lewis. The proposal submitted by NT Lewis was found to be the most competitive and qualified proposal. NT Lewis also has a history of successfully performing and completing work at SRH including the recent conversion of the 3rd Floor Medical/Surgical Unit into a Sub-Acute Unit. The proposed contract is a fixed price contract whereby NT Lewis has agreed to perform the required work for a fixed price of $3,197,080 in 210 calendar days. The timeline may be subject to adjustment based on discovery of unknown conditions or delays in delivery of certain HVAC and other similar equipment. The proposed contract with NT Lewis does not include the costs of the Cardiac Cath Lab equipment being purchased from GE.
Contract Type and Term:	New Contract – Standard Form of Agreement between Owner and Contractor Term: October 15, 2025 – June 15, 2026
Termination Clause:	SRH may terminate the contract for convenience at any time. If terminated for convenience, SRH is required to pay NT Lewis an amount equal to cost of the work completed plus office overhead plus 15% profit.
Total Spend with Vendor:	

Description	Board Approval	Total
Fixed Contract Sum		$3,197,080
Total Estimated Spend:	**Approval Requested**	**$3,197,080**

Estimated Cost Savings:	N/A

Fiscal Implications:	Alameda Alliance has graciously provided a grant of $3,500,000 to fund the costs associated with the Cardiac Cath Lab Project and such funds are being held by AHS Foundation. In addition, the St. Rose Hospital Foundation has committed $1,000,000 towards the project. Discussions are ongoing with Fremont Bank Foundation for additional funding to cover the estimated remaining costs of $775,000. The AHS Foundation is also working to identify a donor if St. Rose is not able to secure funding from the Fremont Bank Foundation.
Reasons for Recommendation:	The current Cardiac Cath Lab equipment is out of date and must be replaced and the development of the new Cardiac Cath Lab will avoid the closure of the current Cardiac Cath Lab for 6-9 months and the adverse impact of such closure. SRH is a STEMI receiving center and the availability of interventional cardiology procedures is essential to meeting healthcare needs of community.
Coordination with Medical Staff:	The Interventional Cardiologists have been briefed regarding the development of the new Cardiac Cath Lab and the timelines associated with the construction.
Administrative Review:	Primary: SRH Director of Facilities Secondary: SRH Chief Administrative Officer
Prior BOT Review/Action:	None.
Executive Sponsor:	SRH Chief Administrative Officer

Contractor/Vendor Name:	ePlus Technology Inc. ("ePlus")
Description:	ePlus is a U.S.-based digital security services provider infrastructure company founded in 2007. ePlus provides the Zscaler platform providing data and cyberthreat protection services. Alameda Health System ("AHS") leadership is requesting Board approval to enter a data loss protection ("DLP") and Cloud Access Security Broker ("CASB") agreement ("Agreement") with ePlus using the Zscaler solution ("Solution") to provide the following services: 1. Prevent unauthorized disclosure of Protected Health Information ("PHI") via email and cloud-based applications 2. Identify and mitigate unauthorized PHI access via the AHS Virtual Personal Network ("VPN"), Bring Your Own Devices ("BYOD") 3. Provide surveillance and enforcement across the internet and remote work environments Implementation of the Solution will enable AHS to deploy the full suite of technical safeguards required to extend robust data protection measures to remote and out of network users.
Contract Type and Term:	Services Agreement Effective date last signed for a 3-years term.
Termination Clause:	A party may terminate if the other party is in breach and does not cure the breach within thirty (30) days after notice of the breach.
Total Spend with Vendor:	

Description	Board Approval	Total
Subscription Services		$998,980
Implementation Services		$200,000
Additional Cybersecurity features		$601,020
Total Requested Amount:	**Approval Requested**	**$1,800,000**

Cost Savings	AHS negotiated a $3,251,020 discount for the services contemplated under the proposed arrangement. In addition, AHS will experience additional cost savings of $400,000 when an incumbent application is replaced when the future upgrades are implemented during Year 2 of the new Agreement.
Fiscal Implications:	Cost has been included in FY 26 budget.
Reasons for Recommendation:	Zscaler is an established provider of cloud cybersecurity and data loss protection services. Acquisition of the Zscaler Solution will enhance AHS' remote and out-of-network user data protection coverage improving our information security profile and ensure compliance with regulatory and legal requirements. Solution will also reduce the largest and potentially costliest risk maintained at AHS. By way of example, a $65M dollar court settlement was recently awarded to 135,000 patients whose

<table>
<tr><td></td><td>patient data was stolen by a malicious actor who hacked LeHigh Valley Health Network.</td></tr>
<tr><td>Impacted Facilities:</td><td><table><tr><th>JGPH</th><th>Highland</th><th>Fairmont</th><th>San Leandro</th><th>Alameda</th><th>Clinic(s)</th></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table></td></tr>
<tr><td>Administrative Review:</td><td>Chief Information Security Officer</td></tr>
<tr><td>Prior BOT Review/Action:</td><td>N/A</td></tr>
<tr><td>Executive Sponsor</td><td>Chief Information Officer</td></tr>
</table>

Contractor/Vendor Name:	Switch, Ltd. ("Switch")
Description:	Switch is a U.S.-based digital infrastructure company founded in 2000. The company designs, develops, and operates highly secure, sustainable, and large-scale data center ecosystems. Switch is recognized as an industry leader in: • Data Center Design & Operations – Facilities engineered for high-density workloads, advanced redundancy, and mission-critical performance. • Sustainability – Commitment to renewable energy and energy-efficient operations, supporting client environmental goals. • Carrier-Neutral Connectivity – Access to a broad network of carriers and cloud providers for flexibility and scalability. • Security – Multi-layered facility protections, including biometric access controls, 24/7 monitoring, and strict physical safeguards. Switch maintains data center campuses in Las Vegas, Reno, Grand Rapids, and Atlanta. These facilities serve enterprise, healthcare, government, and technology clients who require maximum reliability and data protection. **Current AHS Engagement** AHS has been under contract with Switch since October 14, 2022, with the agreement set to expire on February 15, 2026. Under the current agreement, Switch provides: • 10 Dedicated Cabinets – Housing AHS servers, storage arrays, and networking equipment within Switch's Las Vegas facility. • Redundant Power and Cooling – Dual-powered infrastructure and cooling systems to ensure system uptime and business continuity. • Secure Environment – Temperature-controlled colocation with multi-layered access controls and 24/7 monitoring. • Operational Independence – Switch does not access AHS devices, servers, or the data stored on them, ensuring complete control and confidentiality remains with AHS. This infrastructure supports AHS's critical business applications and data services, providing off-site resiliency and disaster recovery capability. **Proposed Renewal & Extension** Management recommends renewal and extension of the existing agreement to maintain uninterrupted services. Key details include: • Term: Renewal will extend the agreement for five (5) years, through February 15, 2031. • Scope of Services: Continuation of 10 dedicated cabinets at Switch's Las Vegas facility, inclusive of redundant power, cooling, and secure colocation. • Service Benefits: Sustains uninterrupted system reliability, operational security, and support for AHS's disaster recovery posture.

	Given the above, approval of this renewal is recommended to ensure the continuity of AHS's off-site data hosting capabilities, maintain system reliability, and support long-term operational security. This agreement allows AHS to continue leveraging Switch's industry-leading infrastructure without disruption through 2031.
Contract Type and Term:	Agreement Renewal February 16, 2026 through February 15, 2031 (February 16, 2026 will be the commencement date).
Termination Clause:	A party may terminate if the other party breaches the Service Order and does not cure the breach within thirty (30) days after notice of the breach.
Total Spend with Vendor:	**Description** / **Board Approval** / **Total** Switch Service Order / $1,509,294 / $1,509,294 **Total Requested Amount:** / **Approval Requested** / **$ 1,509,294**
Fiscal Implications:	Cost has been included in FY 26 budget.
Reasons for Recommendation:	We recommend Switch as AHS's vendor due to their proven track record of providing secure, reliable, and scalable colocation services since 2022. Renewing with Switch allows AHS to maintain existing infrastructure without costly migrations, while ensuring stability and predictability of costs through 2031.
Impacted Facilities:	**JGPH** / **Highland** / **Fairmont** / **San Leandro** / **Alameda** / **Clinic(s)** X / X / X / X / X / X
Administrative Review:	Chief Technology Officer
Prior BOT Review/Action:	N/A
Executive Sponsor	Chief Information Officer

Contractor/Vendor Name:	Lescure Company, Inc. ("Lescure")

Description:	Lescure is a Concord, California based construction company that was founded in 1947. Alameda Health System ("AHS") has had a good working relationship with Lescure for several years now. In the course of past engagements, Lescure has helped AHS replace several steam generators at San Leandro Hospital ("SLH"), replace medical air compressors at Alameda Hospital ("AH"), and most recently the replacement of the SLH end-of-life underground emergency generator fuel tank. Lescure has a reliable track-record and is a trusted vendor for construction-based projects.
	
	AHS now seeks to partner with Lescure to help update the AH HVAC system to ensure future sustainability and a comfortable hospital environment. The existing HVAC system at Alameda is + 25 years past its useful life and experiencing repeated mechanical failures resulting in unacceptably high system downtime and unstable temperature and humidity levels in patient care areas. HVAC system disruptions can also increase the risk of airborne contaminants and bacteria adding urgency to the need to address this issue.
	
	To address this issue, AHS leadership has engaged Lescure under a prior arrangement arranged with Lescure to provide the following services under the following statement of work contingent on Board approval:
	
	• Statement of Work #7: Alameda Hospital Pumps ET-AS System Replacement–
	  ○ Architectural and structural work:
	  ▪ Partner with sub-contractors to ensure timely and accurate completion of all required paperwork, including permitting and regulatory approvals.
	  ▪ Safely remove any hazardous materials identified in the work area.
	  ▪ Demolish end-of-life equipment, concrete pads, and structural supports to prepare area for new installation.
	  ▪ Install 10 new replacement pumps (9 in central plant, 1 on roof) in conjunction with new concrete pads, piping, and supporting electrical and structural components.
	  ▪ Install new building management system ("BMS") to manage new equipment, including variable frequency drives ("VFD") for all 10 pumps. This will automate the system for improved efficiency.
	  ▪ Integrate new equipment with existing infrastructure, including flushing and treating new systems followed by testing and inspections to ensure all systems are fully operational.
	
	AHS leadership is requesting Board approval to enter the statement of work ("SOW #7") with Lescure to complete above.

Contract Type and Term:	Statement of Work #7 Term: 11/01/2025 through 03/31/2027

<table>
<tr><td>Termination Clause:</td><td>Without Cause Termination: AHS may terminate without cause and without further liability by providing 30 days' notice, in writing, to the other party</td></tr>
<tr><td>Total Spend with Vendor:</td><td>
<table>
<tr><th>Description</th><th>Board Approval</th><th>Total</th></tr>
<tr><td>Statement of Work #7 (11/01/2025 through 03/31/2027)</td><td></td><td>$1,668,200</td></tr>
<tr><td>Total Requested Amount:</td><td>Approval Requested</td><td>$1,668,200</td></tr>
</table>
</td></tr>
<tr><td>Estimated Cost Savings:</td><td>Installation of new energy efficient HVAC equipment will result in up to $20,000 in annual savings on energy costs.</td></tr>
<tr><td>Fiscal Implications:</td><td>Cost has been included in FY 26 budget.</td></tr>
<tr><td>Reasons for Recommendation:</td><td>AHS's HVAC system must be updated as soon as possible as the system is past its end of useful life, which has caused system failures and disruptions at Alameda Hospital.</td></tr>
<tr><td>Impacted Facilities:</td><td>
<table>
<tr><th>JGPH</th><th>Highland</th><th>Fairmont</th><th>San Leandro</th><th>Alameda</th><th>Clinic(s)</th></tr>
<tr><td></td><td></td><td></td><td></td><td>X</td><td></td></tr>
</table>
</td></tr>
<tr><td>Coordination with Medical Staff:</td><td>N/A</td></tr>
<tr><td>Administrative Review:</td><td>Primary: System Director Facilities
Secondary: Vice President Supply Chain and Materials Management</td></tr>
<tr><td>Prior BOT Review/Action:</td><td>Statements of Work 5 and 6 (Temporary HVAC and Phase I Legacy HVAC Repair and Upgrade) approved by Board of Trustees January 8, 2025.</td></tr>
<tr><td>Executive Sponsor</td><td>Chief Operating Officer</td></tr>
</table>

Contractor/Vendor Name:	Matrix HG, Inc. ("Matrix")
Description:	Matrix is a Concord, California-based full-service HVAC company that performed HVAC repairs at John George Psychiatric Hospital ("JGPH") under a prior arrangement. AHS now seeks to partner with Matrix to lead the JGPH Covid Mitigation Project under which AHS will implement HVAC upgrades to comply with Covid prevention requirements. Services provided by Matrix under the proposed agreement ("Agreement") include planning, permitting, and execution necessary to complete the work in compliance with operational and safety standards. This will be a multi-phase project divided as follows: 1. Initial Review – Will perform site inspection of current HVAC system and cross-reference with blue-prints and applicable regulatory and/or safety codes. 2. Design & Meetings – Generate detailed plans for the upgraded HVAC system and review with JGHP staff for feedback. 3. Documentation – Compile all required documents and drawings for the project. 4. Construction & Closeout – a. Permits & Approvals – Obtain all necessary permits and regulatory approvals. b. Construction – Installation of upgraded HVAC system, including HEPA filter units in 4 designated rooms. Will ensure system has ability to bring in 100% outside air when required. c. Final Inspections - Manage inspections, address any issues, and obtain all required approvals from responsible authorities to ensure compliant project completion. d. Completion – Upon project completion, compile final list of any pending issues and prepare close-out documents.
Contract Type and Term:	Standard Agreement 11/01/2025-10/31/2026
Termination Clause:	Without Cause Termination: AHS may terminate without cause and without further liability by providing 30 days' notice, in writing, to the other party
Total Spend with Vendor:	**Description** / **Board Approval** / **Total** Phase A & Phase B, Contingency, Professional Fees, and Taxes / / $1,214,436 **Total Requested Amount:** / **Approval Requested** / **$1,214,436**
Estimated Cost Savings:	N/A
Fiscal Implications:	Cost has been included in FY 26 budget.

<table>
<tr><td>Reasons for Recommendation:</td><td>John George’s HVAC system must be repaired to fall into compliance with operational and safety standards for Covid Mitigation.</td></tr>
<tr><td>Impacted Facilities:</td><td><table><tr><th>JGPH</th><th>Highland</th><th>Fairmont</th><th>San Leandro</th><th>Alameda</th><th>Clinic(s)</th></tr><tr><td>X</td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr>
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<tr><td>Prior BOT Review/Action:</td><td>N/A</td></tr>
<tr><td>Executive Sponsor</td><td>Chief Operating Officer</td></tr>
</table>

MONTHLY REPORT
LIFETIME VENDOR SPEND - OCTOBER 2025

Vendor Name	Revised Contract Term	Proposed Contract Spend	Total Lifetime Vendor Spend (including proposed contract)	Proposed Contract Description	Status
Abbott Diabetes Care Sales Corporation	09/05/2025-09/04/2028	$376,823.34	$1,632,519.45	AHS currently utilizes the Abbott Precision Xceed Pro across multiple hospitals and wellness centers for bedside glucose testing. This system supports rapid glucose measurement critical for managing diabetic and critically ill patients. 3-year renewal for continuing services	Executed
Microsoft-Nuance Healthcare	08/15/2025-08/14/2028	$117,396.00	$1,431,067.35	This is a quote for implementation of an online web portal for image exchange between AHS and outside facilities. Also included is the integration between powershare and our AHS Epic E.H.R. This quote also includes 3-years of licensing and support.	Executed
Press Ganey	04/01/2021-06/30/2027	$5,723	$5,081,447.52	Amendment #5 removes Behavioral Health Inpatient Service and Replaces it with Psychiatric Inpatient (PIX) service at Highland Hospital. This includes modifying Attachment A & B to line up with this new change in verbiage and cost.	Executed
Press Ganey	04/01/2021-06/30/2027	$0	$5,075,724.52	Amendment #6 moves existing Ambulatory Surgery with OASCAHPS service from Alameda Hospital to a new service of Outpatient mail/eSurvey/Text at AHS Wellness Centers. Attachment A Section 1(a) and Attachment B shall both be modified to include Outpatient Services	Executed
United Systems Fire and Security	05/01/2025-04/30/2026	$67,136.67	$1,751,400.79	5-year Sprinkler Test JGPH & FMT	Executed

ALAMEDA HEALTH SYSTEM

BOT Previously Approved Contracts - FY26 (July 1, 2025 - June 30, 2026)

#	Vendor	Amount Requiring BOT Approval	Start Date	Ending Date	BOT approved Date	Agenda Summary	Expectation	Executive Sponsor
1	Alliance HealthCare Services, Inc. dba Alliance HealthCare Radiology	$3,333,044	4/23/2025	4/22/2028	FC - 7-2-25 BOT Approved 7-9-25	Provision of mobile imaging services.		Chief Operating Officer
2	CareFusion Solutions, LLC	$7,206,000	8/19/2025	8/18/1930	FC - 7-2-25 BOT Approved 7-9-25	Provision of infusion pumps and supplies.		Chief Clinical Officer
3	East Oakland Community Project	$1,593,600	8/1/2025	7/31/2028	FC - 7-2-25 BOT Approved 7-9-25	Provision of respite care services.		Chief Clinical Officer
4	The Regents of the University of California on behalf of the University of California, San Francisco, Department of Neurological Surgery	$7,594,371	8/1/2025	7/31/2027	FC - 7-2-25 BOT Approved 7-9-25	Provision of neurological surgery professional services.		Chief Medical Officer
5	Entisys Solutions, Inc. dba E360	$1,499,410	9/29/2025	9/28/2028	FC - 9-3-25 BOT Approved 9-17-25	Citrix virtual access platform		Chief Information Officer
6	GuidePoint Security LLC	$1,457,310	9/30/2025	6/30/2028	FC - 9-3-25 BOT Approved 9-17-25	Arctic Wolf cybersecurity monitoring and recovery services		Chief Information Officer
7	Xerox, Inc.	$3,983,160	11/1/2025	10/31/1930	FC - 9-3-25 BOT Approved 9-17-25	Printer equipment and services.		Chief Information Officer
8	Anthem Blue Cross Life and Health Insurance Company	$5,930,739	1/1/2025	12/31/2027	FC - 9-3-25 BOT Approved 9-17-25	Third-party administrator services for AHS employee health insurance plan.		Chief Human Resources Officer
9	Cardea Health	$6,394,800	10/1/2025	9/30/2028	FC - 9-3-25 BOT Approved 9-17-25	Respite housing services.		Chief Clinical Officer
10	Lifepoint Rehabilitation of California, LLC	$4,211,233	10/1/2025	9/30/2028	FC - 9-3-25 BOT Approved 9-17-25	Inpatient rehabilitation management services.		Chief Operating Officer
11	McKesson Corporation	$447,180,000	4/1/2026	3/31/1931	FC - 9-3-25 BOT Approved 9-17-25	Wholesale pharmaceutical supply services.		Chief Clinical Officer
12	Quest Diagnostics	$13,280,743	3/1/2022	2/28/2026	FC - 9-3-25 BOT Approved 9-17-25	Reference laboratory services.		Chief Clinical Officer
	Total Amount for FY 25 year to date	$503,664,410						